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OPINIONS OF
OVER 100 PHYSICIANS

— ON THE —

USE OF OPIUM
IN CHINA



..... COMPILED BY

WILLIAM HECTOR PARK, M.D.

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OPINIONS

OF OVER

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ON THE USE OF

Opium in China.

COMPILED BY

William Hector Park, M.D.,

*Surgeon in charge of the Soochow Hospital, Surgeon
to the Imperial Maritime Customs, Etc.*



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PREFACE.

AT one of our Soochow weekly prayer meetings, in December, 1895, Rev. Joseph Bailie brought up the subject of the evils of opium smoking and suggested that it was high time for some action on this question by the great missionary body of China. The suggestion was well received, and at a meeting of the Soochow Missionary and Literary Association, January 2nd, 1896, a committee composed of Rev. H. C. DuBose, Chairman; Rev. W. N. Crozier and Drs. Anne Walter, J. R. Wilkinson, J. B. Fearn and W. H. Park, was appointed to investigate best ways and means, and bring in a report at the next meeting. At the next meeting this committee reported in favor of the formation of an Anti-opium League in China, and this same committee, with the addition of Mr. Bailie, was finally appointed to correspond with the various missionary associations and committees in China with reference to the organization of such League.

The labors of the committee were successful, and at the first meeting of the new organization Dr. W. H. Park, Rev. Y. K. Yen and Rev. G. L. Mason were appointed a committee to prepare a pamphlet setting forth the views of the foreign physicians in China on the use of opium in this country. I was in despair at my appointment, and nothing was done for some time. Finally, it seeming to devolve upon me to take the lead, I got out a series of questions, based on the questions asked by the Royal Opium Commission, and submitted them to the other members of the committee. They made a few changes and agreed to the plan of sending these questions to every physician in China and compiling the answers. Accordingly the questions were printed and sent out, and if any physician in China was overlooked it was accidental. At the head of the printed slip was placed the following statement and appeal:—

DEAR DOCTOR:—

The information we wish to gain by the following questions is to be used in getting out a pamphlet by the Anti-Opium League in China,

We wish answers from every practitioner in China, whether for or against. Please send replies at your earliest convenience to Dr. W. H. Park, Soochow.

The answers soon came pouring in. At first we thought we would do well to get sixty (the doctors *all* being busy and many of them being away), but the sixty mark was reached and passed, and then we began to long for the hundred, and now one hundred it is and more. Dr. DuBose, the honored president of the League, was most indefatigable in soliciting replies, and but for his assistance the one hundred mark would never have been reached.

As was to be expected, most of the replies are from missionary physicians, but the other physicians in China did not all stand aloof, and we return thanks to Drs. Burge, Rennie and Snvoong for joining in to help swell the grand total. I also call attention to the letter from Dr. Blanc, in Part Second of the pamphlet.

As to the missionary physicians, they all speak the Chinese language, or are learning to do so, and their practice is mostly . . . among the Chinese people, with whom they mingle every day. As to years of service in this country, they run from one to forty-four, with an average for the whole of nine years, and for the oldest twenty-five of *eighteen* years. As to opportunities for observation 750,000 visits are recorded in their hospitals and dispensaries every year, and if we go back to the time when our veteran Dr. Kerr began, and come on down, the record will run into many, many millions. They are, therefore, qualified to speak, and having spoken, they are entitled to be heard.

Before the answers were half in Mr. Yen* and Mr. Mason decided to leave the editing of this pamphlet entirely to me, so I am alone responsible for the manner of its compilation, though not for the opinions of its various contributors other than myself. In the light of all these answers, essays and letters there is only one side to the opinion question in China. If anything on the other side had been sent in it would have been printed.

W. H. PARK, M.D.

Soochow, China,

November 17th, 1898.

* Shortly after turning this matter over to me, Mr. Yen was called to his home above. On his dying bed he said: "My part is finished; tell Dr. DuBose, Dr. Park and the rest to go on with the work and never stop."

INTRODUCTION.

By 仙聯李, *General Manager Soochow Salt Gabelle.*

TRANSLATED BY REV. J. W. PAXTON.

IN these days there is more than one thing that is harmful to mankind; there are evils that affect individuals; also those by which whole families are made to suffer; further, there are destructions by floods, and ravages by wild beasts. But such calamities are usually confined to one locality, and one time; and moreover man, knowing the dangers of such, will seek escape and deliverance from them, and will also use means and methods to secure immunity from such afflictions. If such is the case in China, can it be possible that it is not the same in other countries? But from ancient times to the present day there has never been such a stream of evil and misery as has come down upon China in her receiving the curse of opium. Opium was originally intended as a medicinal remedy, and has always been used as such by physicians of every nation; but in China this use of it has been changed, so that persons once beginning, continue the use of it, and thus is developed a craving for the drug to such an extent that it becomes as necessary as food; and the use has become so common that it is freely used throughout the empire and its victims number tens of thousands. The slaves of the habit have their faces shrunk and dark. They become old, infirm and incapacitated before their time, and all finances are exhausted. This condition is pitiable, but it is not the worst—for those who hold office on their part become greedy and grasping, those who are soldiers become nerveless, and the number of depraved population is increased daily, while the wealth of the country steadily decreases. Such a state of affairs is greatly to be deplored, but the saddest of all is the fact that for most trivial causes, such as family quarrels and the like, since opium is so easily secured, suicides by its use are of the most common occurrence; so that, in such a vast country as China, these suicides must number tens of thousands annually. Thus we may calculate that from the time that opium was first introduced into China until now, a period of over a hundred years, the number of

deaths directly caused by it must count up into the millions. This miserable condition is not only bitterly regretted by myself, the writer, but throughout the Empire all good men bemoan such a deplorable state of affairs. At this time the American missionaries, Drs. DuBose and Park, being influenced by Divine Truth, are seeking to propagate the doctrine of salvation through Christ to all men, and their arguments concerning the evils of opium are in exact accord with the mind of the writer, and we together are seeking plans by which these sorrows may be alleviated. I am a Chinese, and am fully aware of the stringent and severe laws that have been erected by the government for the prevention of the opium trade in China; but since they appear to have been in vain, I, an insignificant individual scarcely venture to make any additional attempt. Drs. DuBose and Park, having determined to invite expressions of opinion from all the foreign physicians residing and practicing medicine in China, have sent out circulars for the purpose of obtaining their observations and experience on the subject of the advantages and disadvantages of opium using. At this time there have been received about a hundred replies in all of which it is distinctly stated that there is no advantage but only injury from the habit. Such a consensus of opinion certainly should be considered sufficient reason for the prohibition of it.

Dr. Park proposes to file these replies and have them presented to the governments of England and America, so that the proper influence may be brought to bear to prevent the cultivation of the poppy in India, as that country is the main source of the supply—for when the fountain is cleansed the stream will be pure. Yet there are those who argue that the production of opium is the chief industry of India and that upon this source of revenue the government is mainly dependent, and thus it is scarcely probable that such action could easily be taken. But is there any country the soil of which is incapable of production? If there are such places then of course no revenue may be obtained. Now if the cultivation of other crops be substituted, without doubt there will be an equal revenue. The continued production of that which is an evil to men, and an injury to neighboring kingdoms, entails a reproach among all generations, and destroys the country's reputation for enlightenment. Thus as to which is better, advantage or disadvantage, it is not necessary to enquire of the wise. Yet again, there are those who say, "suppose such a scheme be tried and opium cultivation be prohibited in India;

already throughout China its production has been established, and thus to prohibit in India and permit in China only cuts off a source of income and the trouble is still not remedied." This may be true, but yet the whole matter really depends upon the British and American governments. If there is a desire to prohibit opium they should communicate with the *Tsung-li Yamên* and in concert come to an agreement concerning restriction of poppy cultivation. The woe that comes to China through opium is not only recognized by the government but every one that uses it is aware of its hurtfulness; thus when both rulers and people are of one mind it could most easily be accomplished. Now in China there are very many among the upper classes who seem to be in ignorance concerning the true state of affairs, and are not willing to blame the Chinese for their fault in using opium, but ascribe the real cause of the whole trouble to the avariciousness of foreigners and thus look upon them with hatred. Also, the ignorant masses, having even intenser antipathy toward them, we continually see on every hand anti-missionary out-breaks and riots by which is caused much trouble and perplexity, as such affairs are most difficult to settle.

If this plan that is being tried proves successful, and this evil to mankind is made to cease, then the real intentions of Christianity would be plainly exemplified. Would that it might be so; my eyes long for the sight.

大清國光緒廿四年九月 日

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* Furloughs included.

† It must not be taken for granted that the doctors who failed to answer this question see no patients.

‡ Two or more have charge—one reports and the others do not.

§ Chinese not spoken; practice mostly confined to Europeans.

Some of them have no hospital or dispensary, and in some cases

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Stone, Mary	M.D., Ann Arbor.	Chinese.	Kinkiang.	1	4,000	7, 16, 27, 29, 34, 39, 42, 48, 49, 53, 59, 67.
Stuart, Geo. A.	M.D., Harvard.	American.	Wuhu.	12		7, 16, 27, 29, 32, 34, 39, 42, 48, 49.

* Practices principally among foreigners, but speaks the Chinese language.

LIST OF CONTRIBUTORS.—Continued.

xii.

NAMES.	PROFESSIONAL QUALIFICATIONS.	NATION- ALITY.	STATION AND OR PROVINCE.	NO. YEARS IN CHINA.	NO. HOSPITAL AND DISPEN- SARY PATIENTS PER YEAR.	PAGES WHERE CONTRIBUTIONS APPEAR.
• Suvoong, V. P.	M.D., Coll. P. and S. N. Y.	Chinese.	Kiangnan Arsenal, Shanghai.	23		7, 11, 16, 27, 29, 32, 33, 34, 35, 36, 39, 42, 48, 49, 56, 67.
Taylor, F. Howard	M.D., B. S., M. R. C. P. London, F. R. C. S. England.	English.	Shanghai, Ganking and Honan.	8	4,000	8, 11, 17, 27, 29, 33, 34, 40, 42, 48, 49, 53, 56, 59, 68.
Taylor, Geo. Yardley	M.D., Univ. of Penn.	American.	Peking and Pao- ting Fu.	11	16,842	8, 11, 17, 27, 29, 34, 35, 42, 48, 49, 59.
Tsao, Y. K.	M.D., Long Island Med. Coll.	Chinese.	Peking.	5	18,005	8, 11, 17, 27, 29, 34, 40, 42, 48, 49, 53, 56.
Vanderburgh, E. D.	M.D., Univ. City of N. Y.	American.	Nodoe, Haian.	4	5,100	8, 12, 17, 28, 29, 34, 40, 42, 48, 49, 56, 59, 68.
Venable, W. H.	M.D., Univ. of Va.	"	Kashing.	4	6,500	17, 29, 34, 40, 42, 48.
Wagner, Ed. R.	M.D., Univ. of Mich.	"	Shantung, Kalgan.	9	3,000	8, 11, 17, 28, 29, 34, 40, 42, 48, 49, 53, 60.
Watson, J. Russell	M.B., M. R. C. S.	Scotch.	Ching-chow Fu, Shantung.	12	12,250	8, 11, 17, 19, 28, 29, 33, 34, 36, 40, 42, 48, 49, 53, 56, 60.
Watson, Mrs. J. R.	L. R. C. P. (Ireland).	British.	"	12		8, 11, 17, 19, 28, 29, 33, 34, 36, 40, 42, 48, 49, 53, 56, 60.
Wehster, Jas. S.	M.D., Univ. of Maryland.	"	Kwei-chow, West China.	1½	12,000	8, 12, 17, 28, 29, 34, 40, 42, 48, 60, 68.
Whitney, H. T.	M.D.	American.	Foochow.	21		8, 12, 17, 28, 29, 32, 34, 35, 37, 40, 42, 48, 49, 53, 56, 67.
Wilson, W. Millar	M. B., C. M.	Scotch.	Shansi Province.	7	5,000	8, 12, 17, 28, 29, 32, 34, 40, 42, 49, 60.
Wilkinson, J. R.	M.D., South Carolina Med. Coll.	American.	Soochow.	4	9,260	8, 12, 17, 28, 29, 33, 37, 40, 42, 49, 57, 68.
Witteuberg, Hermann	M.D., Univ. of Tübingen.	German.	Kia-ying-chow, Kwantung Prov.	4	7,050	8, 17, 20, 28, 29, 34, 40, 42, 49.
Woodhull, Katherine C.	M.D., Woman's Coll. N. Y.	American.	Foochow	13	5,100	8, 12, 17, 28, 29, 32, 34, 40, 42, 49, 53, 57, 68.
Woods, Edgar, Jr.	M.D., Univ. of Va.	"	Tsing-kiang-pu.	10	4,000	8, 12, 17, 28, 29, 34, 35, 40, 42, 49, 68.
Woods, James Baker	M.D., Univ. of Va.	"	Whai-an Fu.	4	2,000	8, 12, 18, 29, 34, 40, 42, 49, 53, 57, 60, 68.
Woffendale, Richard	L. R. C. P., L. R. C. S. (Edin.).	English.	Chungking.	1½		8, 12, 18, 20, 29, 32, 34, 40, 42, 49, 53, 57.
Woolsey, Frank M.	M.D.	American.	"	2	See Rot of Dr. McCar.	8, 12, 18, 19, 29, 30, 32, 34, 37, 40, 42, 49, 53, 57, 60.
Worth, Geo. C.	M.D., Univ. of Va.	"	Wush, Kiangyin.	2	3,400	8, 12, 29, 30, 32, 34, 42, 49.
Wyckoff, Lydia J.	M.D., Woman's Med. Coll. Chicago.	"	Wuchang, Huchow Shanghai.	2½	1,434	8, 17, 29, 34, 40, 42, 49.

John Jurgens, Superintendent South Yangtze Forts, 78
 C. C. Hwang, Surgeon New Drilled Army, 79
 K. L. Kwan, Chief Surgeon Yangtze Forts, 80

* Stationed at Kiang-nan Arsenal near Shinghai. To the question "Do you speak the Chinese language?" Dr. Suvoong answered, "with all my heart."

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PART I.

Questions and Answers.



*What have you observed to be the effects of
opium, moral, physical, and social,
on its consumers?*

Moral—loss of self-respect and general breakdown of moral character. Physical—in some cases there is a stimulant effect at the first, but continued use of the drug causes general loss of power and sluggish action of the digestive functions, loss of appetite and emaciation. Social—loss in prestige.—John Arthur Anderson.

Those generally enumerated.—Peter Anderson.

It is constantly destructive to the social, moral and physical well-being of the people.—I. J. Atwood.

Moral, social, and physical degeneration.—Mary A. Ayer.

It invariably weakens the constitution and the moral sense.—Effie Worley Bailie.

Deplorably demoralizing, undermining the constitution and impoverishing the family.—Stephen P. Barchet.

Bad, *utterly bad*.—Robert C. Beebe.

Moral—thoroughly demoralizing. Physical—most injurious. Social—bad every way.—Josephine M. Bixby.

The effect is bad morally, physically and socially, as the Chinese all well know.—Mary Brown.

Morally—demoralizing. Physically—weakening. Socially—degrading.—Frederick John Burge.

Degrading in the extreme.—H. L. Canright.

First four years—increases flesh and makes men affable, but this does not last.—Mary E. Carleton.

Gradual loss of physical strength and undermining of the constitution, together with a loss of both moral and social instincts.—Frauces F. Cattell.

Ruin.—Robert Coltman, Jr.

To all consumers the effects are detrimental, though not so bad as with Western nations, who are apt to go utterly to the bad under its use.—H. C. Collins.

This depends largely on a man's means ; if he can afford to eat well and plentifully, opium has not the same deleterious effect on the body as when he is badly off for food ; he may not lose flesh, but he loses color and powers of resistance. The moral and social effects could never be said to be good, but the degree of badness depends very largely on circumstances—the temptations a man is led into, either of place or to obtain the drug, the length of time taken and the amount of the drug used each day.—Eliot Curwen.

Moral—mental faculties enfeebled, moral sensibility blunted. Physical—lowers vitality, impairs functional activity, causes emaciation, etc. Social—business neglected, poverty, unhappy homes.—Dugald Christie.

Moral effects I have found it difficult to *observe*. Physical—muscular wasting and debility, secretions diminished. Social—homes wrecked, lives sacrificed, business ruined.—Cecil John Davenport.

Degradation all along. Some, who can afford good food as well as opium, can consume the drug for years with no apparent harm ; these are exceptions.—Arthur W. Douthwaite.

It leads to moral destruction, physical decay, and social deterioration.—John Burrus Fearn.

Degrading in every sense of the word.—Aune Walter Fearn.

Ruinous.—Mary H. Fulton.

It blunts the moral sense, weakens the body and undermines all social relations.—Mary Gale.

Has certainly, in most cases, a more or less (according to circumstances) degrading influence morally, physically and socially.—Thomas Gillison.

Always demoralizing, often ruinous.—Anna D. Gloss.

Weakens the moral sense, rapidly destroys the vitality ; its victims sinking lower and lower as the habit increases.—Frances E. W. Goddard.

Lessens their moral perceptions of right and wrong, diminishes strength in the end, though it may moderately increase the strength for two to three hours after beginning its use. Neighbors look down on opium smokers.—J. S. Grant.

Moral degradation, physical wreck. Socially a man becomes unnatural, neglecting wife and family.—G. W. Guinness.

The effect is the same as from alcohol, but opium renders the eaters more helpless and *semi-imbecile*.—Wm. L. Hall.

Blunting of all moral perceptions. Muscular trembling and weakness if they can't get their opium at the regular time. Socially they don't seem to suffer much; the highest and lowest smoke.—H. Mather Hare.

Moral standard is lowered. Physically—weakened. Socially—company not relished.—Edgerton Haskell Hart.

The physical effects are sad in the extreme, worse than drinking or of anything I know. Social—the Chinese natives say “Si'üai-k'iong-k'üai-sü”—“soon poor soon dead.”—Julius W. Hewett.

Moral—lying. Physical—anæmia. Incapacity for sustained exertion. Late rising, and consequently neglect of work.—Herbert J. Hickin.

It is degrading.—Lucy H. Hoag.

Morally—bad. Few have any morality left. Physically—varies with quantity and time. Socially—leads to poverty and illness.—Alfred Hogg.

Degrading in the extreme. Disregarding all ties of business, home and society.—N. S. Hopkins.

Morally—degrading. Physically—enervating. Socially—disintegrating.—George A. Huntley.

Opium ruins the consumer morally and physically, and if money fails, his social position is ruined also. Some rich receive no injury in any way.—E. Ruel Jellison.

Have seen no good effects except in cases of *incurable* pain where it afforded relief.—Frederick Hudson Judd.

It tends to degrade them morally, injure them physically, and harm them socially.—Ida Kahn.

Morally—degrading, many becoming thieves and liars. Physically—ruining health, undermining constitution and unfitting for duties. Socially—many of those in office or high in society merely

exist for opium and its indulgence, being incapable of anything else.—Arthur T. Kember.

Weakens moral sense, vitiates and weakens functions ; digestive, nervous, muscular, generative, etc. Weakens mental action. Does not affect social standing as long as money lasts.—J. G. Kerr.

Bad always.—O. L. Kilborn.

Unquestionably detrimental in every way, though effects are not marked the first few years, especially in well-fed subjects.—Hardman N. Kinnear.

If unable to buy, will stoop to anything in order to obtain it. Great lassitude, pallor and general want of vigor. Social relationships suffer from amount of time devoted to opium.—Basil L. Livingstone Learmonth.

Morally and physically—weakening and debasing. Socially—I cannot judge.—Eliza E. Leonard.

Morally, physically and socially—the effects are bad.—Geo. D. Lowry.

The social, moral and physical effects are dependent to some extent on the financial condition of the consumer. The well-to-do opium smoker who has no difficulty in procuring opium and sufficient good nourishing food, and who, moreover, may occupy a position demanding energy and incessant care and watchfulness, is not so liable to succumb to the debasing effects of the habit. His health and strength are longer maintained ; he is less liable to allow himself to become enslaved by the vice, and he, of course, is not exposed to the temptation of having to use dishonest means to obtain supplies of the drug. While this is true in general, any man, I should think, who has been long in China, must have come across many exceptions. I have known men in a large way of business becoming enslaved by the habit, leaving their business largely to subordinates or employees, becoming lazy and spending their afternoons and evenings at the pipe and their mornings in sleeping off the effects of the drug, injuring their health and showing in many ways both physical and moral deterioration. There is another thing in regard to this class which I have observed, viz, that when the necessity for exertion is relaxed, many who had hitherto smoked regularly, but moderately (so called), now give way to the vice and become opium sots.

It would be difficult to exaggerate the ravages produced by opium smoking among those classes depending for their livelihood on their daily work.

Moral.—Opium smoking, like any other vice, weakens the will-power, paralyzes the self-control, blunts the moral sense, and surely, if slowly, demoralizes the whole character of the man. He becomes untrustworthy and shameless, and in a land where one is sometimes tempted to say with the Psalmist that “all men are liars,” the untruthfulness of the opium smoker is proverbial. When the money fails, it is an easy step to descend to stealing, or other immoral methods, to obtain the drug necessary to satisfy the craving.

Social.—To the wage-earning classes opium smoking soon brings poverty in its train and a weakened capacity for work. Apart from the moral degeneration of the opium smoker which, of course, affects and reacts on his relatives and others in a social sense, the evil effects are those of poverty. Families are impoverished and homes are broken up, leading directly and indirectly to a vast amount of misery, sorrow, and semi-starvation.

Physical.—When sufficient food, qualitatively and quantitatively, can be digested, the deteriorating effects may be resisted for a longer or shorter time. It is chiefly, but not exclusively, among the labouring classes that physical wrecks predominate, and it is, perhaps, difficult to differentiate exactly the effects produced by opium from those produced by lack of sufficient food. Admitting these facts, we still maintain that definite physical effects follow sooner or later, though they are less distinctive than those produced by alcohol. The digestion becomes weakened, the appetite fails, the liver inactive, and the bowels constipated. From the inability to get, or take, or digest sufficient food, emaciation results. The skin becomes dry and shrivelled, the face sallow, the cheeks sunken, and the eyes dull. The pulse becomes weak, quick, and irritable, except when opium has just been taken. The bronchial tubes become irritated, causing cough and often an asthmatic condition. The effects on the brain are at first stimulating and exhilarating, but in time a dull, stupid, languorous condition is induced, rendering the man unable for active work. There is therefore a tendency to digestive failure and nervous exhaustion resulting sooner or later from opium smoking, and when these are established, debility and emaciation invariably result.

Among the *literati*, I may say, the evil effects, morally and physically, of opium smoking, are exhibited in marked degree.

Cases of *idiosyncrasy*, both with regard to toleration of the drug and the opposite, are not infrequent.—A. Lyall.

Ruinous in all ways.—Ellen M. Lyon.

They lose all sense of shame, become impure in words and deeds; emaciation, sallowness, want of appetite and no endurance; sink lower and lower in the scale of existence and will sell what before was their highest hopes—children, possessions and even wives.—Edward Charles Mac'le.

Opium smokers are moral, social, and physical wrecks.—W. E. Macklin.

It *ruins* the consumer morally, physically and socially.—D. Duncan Main.

Demoralizing influence, morally, physically, and socially on the consumer.—Luella M. Masters.

Moral effect—If smoker is well off no particular change, except as the natives say they are not so ready to get angry as formerly. Physically—if well off not much change, unless taken to excess.—John F. McPhun.

If long continued—moral and physical wrecks attested by the smokers themselves.—Henry M. McCandliss.

The seat of all vice. Deranges all the natural functions of the body.—J. H. McCartney.

Degrading in the extreme.—Lynford L. Moore.

Wholly bad.—Arthur Morley.

Bad in every particular.—Mary W. Niles.

Harmful in every way.—J. A. Otte.

Degrading, debilitating, renders the user untrustworthy.—Rose W. Palmborg.

It predisposes to moral obliquity, bodily diseases, and social degradation.—William Hector Park.

Decided loss of moral and physical stamina, general unreliableness, much family misery.—Herbert Parry.

Morally—thoroughly untrustworthy. Physically—anæmia, indigestion, constipation, no energy. Socially—received in society, but “devil” is the most common name for them.—Annie Houston Patterson.

Bad.—Lewis Pavin.

Perversion. Degeneration. Demoralization.—A. P. Peck.

Physical degeneration. Moral incapacity. Social degradation in many cases.—H. D. Porter.

Morally—they are unreliable. Physically—they seem as strong (unless sots) as other men till craving comes, when they are *useless*.—David Rankine.

Bad morally, mentally, physically and socially. I would not employ an opium smoking servant.—Thomas Rennie.

The long continued use of opium ruins digestion, reducing the appetite to a mere nothing and causing very pronounced constipation, so much so that it is no uncommon thing to meet with smokers who have only two or three evacuations from the bowels per *ensem*. There is a steady and progressive loss of weight and strength with the consequent disinclination for work which in time becomes incapacity for work. The worst effects may take twenty or thirty years to reveal themselves, but in many who inherit depraved constitutions and are poorly fed, a very evil condition may be reached in a single decade, especially where the amount of opium taken has been large.

The moral and social effects are largely those of indifference. Smokers care less and less for business, family life or pleasure, and more and more do they seem to set their hearts upon the customary smoke until it seems that they almost live for that one thing alone. Many sacrifice their patrimony without a pang, just to keep their pipe supplied. I have known some to sell their wives and children; and I think any rascality would be practiced by an indigent consumer who could not get opium otherwise.—Horace Andrews Randle.

Destroys the man's morality, wrecks him physically, but except making him poor does not injure him much socially.—John Rigg.

Effects of continued opium smoking are bad in every respect.—W. F. Seymour.

Debilitating, degrading. I was called to see a suicide of a number two *Tai Tai*, and the old ex-official, a great slave to the habit, maintained she had not taken opium.—William Edward Smith.

Moral—depravity. Physical—debility. Social—poverty, etc., etc. Have observed no good effects.—Walter Squibbs.

It tends to degrade them morally, injure them physically, and harm them socially.—Mary Stone.

Degrading is the one word for all.—George A. Stuart.

Bad in all three.—V. P. Suvoong.

Morally—gradually loses all conscience and self-respect. Physically—gradually increasing debility and emaciation in most cases.

Socially—gradually degraded in own eyes and neighbour's also.—
F. Howard Taylor.

The usual ones so commonly noted—always bad.—Geo. Taylor.
They are bad.—Y. K. Tsao.

Degrading, impoverishing, and weakening.—W. H. Venable.

The moral effect is that their sense of right and wrong is
deadened, and they steal in order to satisfy their appetite.—E. D.
Vanderburgh.

Moral—depravity the result. Physical—deterioration, especi-
ally if underfed. Social—smokers social enough, but their company
not desired—Edward R. Wagner.

Speaking generally: all BAD.—J. Russell Watson and Mrs. J.
Russell Watson.

No one can live amongst opium smokers without the unpleasant
conviction that in all three points its ravages are deplorable. It
destroys morals, makes physical wrecks and severs social relation-
ships.—James S. Webster.

Only evil, and that continually.—H. T. Whitney.

Would require an essay for this question. As taken by farming
classes here the physical effect is harmful.—W. Millar Wilson.

More degrading if anything than whiskey in every way.
Physically—ruinous.—J. R. Wilkinson.

Morally, physically, and socially all alike degrading.—Hermann
Wittenberg.

Most debasing and destructive—destroys natural affection and
all sense of truth and honor.—Katherine C. Woodhull.

Debasing, bringing ruin to everybody.—Edgar Woods, Jr.

BAD—moral, physical and social—known both by observation
and by testimony of the Chinese and opium smokers themselves.—
James Baker Woods.

Moral—loss of sense of moral rectitude, lying and devilish,
outwitting sharpness. Physical—impaired functions; care for neither
body (as body) nor soul. Social—wife, children, house, clothes,
home—everything goes to satisfy the “fah-yin”—R. Wolfendale.

Bad—General tendency to downward road.—Frank M. Woolsey.

Physically—destruction. Morally—destruction.—G. C. Worth.

Positively deleterious to health and morals.—Lydia J. Wyckoff.

What are the proportions of those who smoke opium :—

A. Without injury ?

B. With slight injury ?

C. With great injury ("opium sots") ?

A. Practically none.—Anderson, J. A.

A. Small and confined to those in good circumstances who smoke in moderation. B. Perhaps 20 %. C. 75 %, that is, here in Formosa.—Anderson, Peter.

A. Less than 10 %. B. 10 to 15 %. C. 70 to 80 %.—Atwood.

A. Know of none. B. A good proportion of such as can live well and do not take opium to excess. C. Perhaps 20 % of opium sots.—Barchet.

B. C. Think them large.—Beebe.

I think it is only a matter of time. Those who continue to smoke year after year will become opium sots.—Brown.

A. None. B. Very few. C. Many. All in fact.—Canright.

A. None. B. 50 %. C. 50 %.—Coltman.

A. Very few if any. B. The majority. C. I should say about 10 %.—Christie.

A. I have seen none. B. Perhaps a large per cent attend to their business. C. Not more than 20 or 30 %, I think.—Collius.

C. Say 40 %.—Curwen.

I think sooner or later all who smoke suffer. It depends upon food and surroundings of the smoker.—Davenport.

The amount of injury depends much on the wealth of the smokers ; those suffering most who can't obtain both food and opium yet yield to the craving for the latter.—Douthwaite.

A. None. B. Very few. C. One hundred if kept up.—Fearn, J. B.

A. None. B. The few who break the habit soon after it is formed. C. All who continue the habit.—Fearn, Anne Walter.

A. None. B. Only those who have the most nourishing food. C. Large majority.—Goddard.

A. 5 % confirmed, 20 % occasionally. B. 15 %. C. 5 %.—Grant.

A. None. B. 60 %. C. 30 %.—Guinness.

A. 0 %. B. Probably 10 %. C. 90 % or more.—Hall.

A. 10 to 20 %. B. About 50 %. C. From 20 to 30 %.—Hart.

What are the proportions of those who smoke opium :—

A. Without injury?

B. With slight injury?

C. With great injury ("opium sots")?

C. Very many.—Hewett

A. 5 %. B. 80 %. C. 15 %.—Hickin.

A. Very few. B. Large number. C. A

considerable number.—Hogg.

A. None. B. None. C. The tendency of all is to smoke more and more.—Hopkins.

A. 1 %. B. 10 %. C. 89 %. To take reports from Chinese.—Jellison.

Injury in all cases. Not apparent in beginners. Evident after a few years. Marked in old smokers.—Kerr.

A. 0 %. B. 50 %. C. 50 %.—Kilborn.

A. None. B. 50 % (?). C. 50 %. Those who seem to show no bad effects at first often become broken down "sots" later in life.—Kinnear.

A. None. B. 60 %. C. 40 %.—Lowry.

I have no statistics on which to form an estimate. It is true that cases are frequently met with who have smoked for some years without apparent injury, but he would be a rash man who would argue from this that said smokers could continue to smoke indefinitely without injury! I have had a patient, 75 years of age, who stated that he had smoked for 40 years, and who was a fairly healthy man for that age; so it may be incorrect to say that class A does not exist, but certainly they are rarely seen. Opium sots are common, and occur in all classes of society. My own strong impression is that the vast majority sooner or later suffer injury to a greater or lesser degree.—Lyall.

A. One-tenth (?). Secretory organs certainly affected, even if no disorder apparent in general organism. B. Seven-tenths. C. Two-tenths.—Machle.

A. None. B. Many at first, later ruin. C. Many.—Macklin.

A. Without apparent injury a few. Without real injury none. B. Those who are well-to-do and look well after their diet. C. Those who are unable, from lack of money, to keep pace with their craving and are forced to cut down their rations.—Main.

If used moderately the injurious effects are not marked until past middle life.—Masters.

A. None. B. New beginners. C. 75 %.—McCartney.

C. A very large number.—Moore.

A. None. B. 1 in 100 (?). C. The great majority.—Niles.

A. About 1 %. B. C. 99 %.—Otte.

A. Almost none. B. Few. C. About nine-tenths.—Palmborg.

After the "Yin" is established injury is present, whether apparent or not. All confirmed opium smokers are slaves to the drug, and there is not much difference between an opium slave and an "opium sot."—Park.

A. Very small—persons of means who take occasional light whiffs for pleasure. B. Large. C. Perhaps 40 %.—Parry.

A. None. B. About 50 % smoke so little or break off, so are injured slightly. C. The remaining 50 %.—Patterson.

A very difficult question to answer, (I have made no tabulation on these points) for many who may now be classed in A will belong to the B class in a year or two, and the *tendency* of these latter is to degenerate into depraved smokers, or "sots;" still I am inclined to think that in this part of the country, as we now find them, those who smoke without injury (class A) would be less than 20 %. Those who incur "slight injury" must be fully 50 % or more, and the "sots" perhaps 25 % or so.—Randle.

A. A few, say 10 %. B. Majority, say 60 %. C. A minority, say 30 %.—Peck.

I adopt Dr. Peck's estimate.—Porter.

A. 10 %. B. 80 %. C. 10 %.—Rennie.

I am quite convinced that no one smokes opium without injury. There is injury as well as benefit to those who smoke for incurable disease.—Rigg.

A. Very few. B. A large number. C. Opium sots not very numerous here.—Seymour.

A. Perhaps 1 %. B. Perhaps 5 %. C. A large majority, more than 90 %.—Squibbs.

A. At first not noticeable, then some injury, till they graduate to be "sots."—Suvoong.

A. None. B. 30 %. C. 40 %. Opium sots 30 %.—Taylor, F. Howard.

No data on which to base proportions. Have known very few cases in which there seemed to me no injury. They were rich men with little work or care.—Taylor, Geo. Yardley.

A. 20 %. B. 30 %. C. 50 %.—Tsao.

A. Very few. B. More. C. Most.—Wagner.

A. 10 %. B. 30 %. C. 60 %.—Watson, Mrs. Watson.

What are the proportions of those who smoke opium :—

A. Without injury?

B. With slight injury?

C. With great injury ("opium sots")?

A. 5 % (amongst gentry and only for a limited period). B. 10 % (again only among the richer classes). C. 85 %.—Webster.

A. Very small. B. A much larger proportion if they *live well*. C. I should say 99 %.—Whitney.

The farming classes here eat opium up to their financial capacity and ultimately beyond it.—Wilson.

A. None. B. 10 %. C. 80 %.—Vanderburgh.

A. None. B. Those who have only begun a few days. C. In the city, half of the males over sixty.—Wilkinson.

A. Very small. B. Very small. C. Much the larger proportion.—Woodhull.

A. None. B. Few. C. Many.—Woods, Edgar.

A. Small, 5 %. B. Small, because of lack of money to buy the drug, 10 %. C. 80 to 90 %. (Opium sots 50 %).—Woods, J. B.

A. Absolutely none. B. Absolutely none (5 %). C. 90-95 %.—Wolfendale.

A. Few, unless for a short time. B. 20 %, unless for a long time. C. 80 % where continued.—Woolsey.

None smoke without injury.—Worth.

A. Is the number of opium-smokers increasing in your district?

B. Do women smoke to any extent?

C. Do children smoke?

D. Do the effects of opium-smoking by parents show in their children?

B. Yes.—Anderson, J. A.

A. Probably diminishing rather. B. They used to; fewer now, I think. C. Yes, we meet such cases occasionally. D. Have not data enough to say definitely, but not a few opium smokers in this region have large, and generally speaking, healthy families; this shows there are exceptions at least.—Anderson, Peter.

A. Rapidly. B. To a large extent. C. To some extent. D. Yes, decidedly.—Atwood.

B. Yes. C. I have never seen any.—Baillie.

A. Decidedly increasing. B. Not to any great extent. C. In a few instances. D. More or less, according to the degree parents were addicted to the vice.—Barchet.

A. Yes. B. Yes.—Beebe.

A. I believe it is. B. Very few. C. Have never heard of any.—Bixby.

B. Yes. C. Not young children, youths in wealthy families smoke. D. Yes, in that the children are often weak and diseased.—Brown.

A. Probably, with the increase of population and better wages.—Burge.

A. Yes, I think so if that is possible. B. Yes. C. Have known of only a few cases. D. Yes! indeed.—Canright.

A. Yes. B. Yes. C. No, they eat poppy seed. D. Yes.—Carleton.

A. Yes. B. Yes. C. No. D. Not that I can observe.—Coltman.

A. Yes. B. The upper class women do. C. Very few. D. Not to any appreciable extent.—Christie.

A. Perhaps. B. Yes. C. To a limited extent only. D. Undoubtedly.—Collins.

B. In Chung-king; yes; here (Wuchang), also largely. C. I heard of it in Chung-king. D. I cannot say I have observed this.—Davenport.

A. Yes. Why? Because opium is getting cheaper. Ten years ago an ounce of opium ("Kwang-t'u") cost more than 5,000 Peking cash, now a like weight of "Hsi-t'u" can be obtained for 2,000 cash. At the present time about 40 % of the men in the city (Peking) smoke, so I am informed by my chief assistant.

B. About 10-15 %. C. No very small children. We have had none in our opium ward under 18.—Curwen.

A. Yes. B. Not to my knowledge. C. Never heard of any except in Yen-chao, Chekiang. D. Yes, they are, as a rule, weak and sickly.—Douthwaite.

A. Yes. B. About 10 %. C. A few. D. When both parents smoke.—Fearn, J. B.

A. B. C. Yes. D. Occasionally.—Fearn, Anne Walter.

B. It is not uncommon.—Fulton.

B. C. Yes.—Gale.

A. I think decidedly so. B. To a limited extent. C. I think not to any extent. D. Indirectly at least they do.—Gillison.

B. Yes.—Gloss.

A. Is the number of opium-smokers increasing in your district ?

B. Do women smoke to any extent ?

C. Do children smoke ?

D. Do the effects of opium-smoking by parents show in their children ?

A. Yes. B. Yes, 5 %. C. Yes, 1 %.
D. Yes.—Goddard.

A. Yes. B. C. No. D. Yes.—Grant.

A. Steadily increasing. B. Yes, fairly commonly. C. A smaller number of children over ten years of age do smoke. D. Yes, children weaker than ordinary children. Some children early develop the opium craving.—Guinness.

A. It is (reported by natives). B. They do, 50 to 60 % (reported by natives). C. They do, a very great per cent above ten years old. D. They do.—Hall.

A. I should think so. B. Yes. C. Have not seen any. D. I think so.—Hare.

A. Yes. B. Yes, 30 to 40 %. C. Yes, 5 %. D. Yes, the children, as a rule, are weakly.—Hart.

A. I should say certainly yes ! if possible. B. Possibly 15-20 %. C. *I have seen* a few boys of 14 who do so.—Hewett.

B. A small percentage do. C. No. D. Not directly.—Hickin.

B. Many women smoke.—Hoag.

A. Probably. Percentage is already high. B. To some extent—uncertain. C. No instance.—Hogg.

A. I do not think so. B. Not common. C. Have not known such. D. Where there are children they lack stamina.—Hopkins.

A. Yes. B. I know of only a few. C. I know of none under 16 years. D. Yes, unmistakably.—Huntley.

A. B. Yes. C. Never heard of any, but one seven years old. D. Men smoking has little effect. Women smoking do not bear children but rarely.—Jellison.

A. Increasing considerably.—Judd.

B. Have known of a few women smokers. C. Have not known any.—Kerr.

A. Yes. B. Perhaps half as many women as men. C. Rarely, but I have met cases.—Kilborn.

A. It is said to be. B. To some extent, not common. C. Young boys become addicted to the habit. D. Think there is degeneration. Smokers often impotent, seemingly.—Kinnear.

B. Yes. C. Yes, children of opium smokers. D. Not so far as I know hereditarily, but from training.—Learmonth.

B. Yes.—Leonard.

B. Yes. C. A very small per cent. D. I believe not.—Lowry.

A. B. Yes. C. Boys, yes. Girls, rare. D. Yes.—Lyon.

A. Yes. B. C. No. D. Not to my knowledge.—Lyll.

A. Yes. B. I have only *seen* two in eight years. C. No. The dregs of opium pipes are given to them in sickness. D. Even in well-nourished children there is a lack of sustained vitality.—Machle.

A. I should say so. B. Yes. C. I have not observed many. D. Have no facts. Poverty of opium parents prevents education of children.—Macklin.

A. The natives say much about same number. B. C. No, as a rule.—McPhun.

A. I should say so. B. Difficult to estimate, 1 to 5 of men. C. Not to my knowledge. D. Opium smokers have few children, and they are generally weak.—Main.

A. I think they are on the increase. B. *VERY* many of the better classes. C. I have not seen any cases. D. Yes, markedly in some cases.—Masters.

B. Perhaps one woman to ten men.—McCandliss.

A. B. C. D. Yes.—McCartney.

A. Said to be on the increase.—Moore.

B. C. No. D. Not more than I know of than anything else which lowers the stamina.—Morley.

B. Not to the same extent as men. C. Not that I am aware. D. I think so.—Niles.

A. Yes. B. But few of those I know smoke. C. A few.—Otte.

A. B. Yes. C. Seldom (answered by Chinese friend). D. It makes the children weakly.—Palmborg.

A. Yes, specially increasing in the country villages among the farming population. B. Many among the rich, fewer among the poor. C. Rare under sixteen years of age, but I once saw a boy smoker only eight years of age. D. If only the father smokes the effects may not show much until the third generation. If both parents smoke no children are born, as a rule, and if there are any children they are not apt to survive. The Chinese say the child of an opium smoking mother cries incessantly and cannot live unless opium fumes are, at short intervals, blown into its face, and if it grows up it is almost sure to become an "opium devil."—Park

A. Yes. B. In the cities it is quite common. C. Rarely. Children (babes) of opium sots often have opium fumes blown

- A. *Is the number of opium-smokers increasing in your district?*
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over the face to stay their crying.
 D. Yes. And the Chinese are aware that a child of opium besotted parents will almost certainly begin

smoking at early age.—Parry.

A. Yes. B. No, and those who do conceal the fact if possible.

C. No. D. Not usually.—Patterson.

A. Very slowly. B. C. D. No.—Peck.

B. I think so.—Polk.

A. The general testimony is that it is increasing in the cities, but is said to be on the decrease in the villages. B. Almost all fallen women (harlots) are said to use opium. Respectable women do not. C. Children do not smoke in this district. D. Not so much as might perhaps be supposed; for when the smokers are broken down, their power for procreation is also gone.—Randle.

A. Steadily, but slowly. B. Hardly any. C. Not at all. D. Little that can be traced directly.—Porter.

B. Yes. C. I have not heard of any cases. D. I have not observed any effect.—Rankine.

A. Yes. B. Few women smoke. C. No. D. For the first four months they are very wretched. Gradually attenuated doses of opium smoke blown around them to inhale, alleviate their troubles until they can go without.—Rennie.

A. I think not. B. C. No. D. Opium smokers are usually sterile.—Rigg.

A. Evidently increasing. B. C. I think not.—Seymour.

A. The people say it is. B. Yes, many "Tai Tai." C. Over ten years of age, not under ten, as far as I can find out in this place.—Smith.

A. No evidence to show increase. B. Very rarely. C. D. No.—Smyth.

A. Apparently. B. One might imagine 10% or less are females. C. Have met cases, one who began before ten years.—Squibbs.

B. Quite extensively among the better classes. C. We have not met such cases. D. Frequently.—Stone and Kahn.

A. I think so. B. Yes. C. Some few do. D. Not that I have noticed.—Stuart.

A. Rather. B. A good deal. C. Never, say under sixteen years old. D. Not physically.—Suvoong.

A. Yes. B. Yes, but not many. C. Yes, a very few. D. Yes, in almost every case. Tiny feeble children.—Taylor, F. Howard.

A. Doubtful. B. Yes. C. Have not heard of a case. D. Cannot assert it.—Taylor, Geo. Yardley.

A. Not so very much. B. Not so very many. C. Not that I know of. D. Yes, to some extent.—Tsao.

A. Yes. B. Some of the wealthy women. C. Children often lie down with their fathers as they smoke, and I know of one who smokes. D. Yes, their children are always nervous and generally thin, and they seem to take to opium young.—Vanderburgh.

A. Said by natives to be decidedly on the increase. B. I know only a few.—Venable.

A. Yes. B. Are beginning to in recent years. C. A few. D. I think so.—Wagner.

A. Yes. B. No, only prostitutes. C. No. D. Only by imperfect nutrition through poverty.—Watson and Mrs. Watson.

A. Yes, to a very marked extent. B. To a great extent, if the husband, then the wife also, is almost a rule here. C. Yes. D. Yes.—Webster.

A. So reported each year since I came to China. B. In some places. C. Occasionally. D. In the confirmed habitué, as we should expect.—Whitney.

B. Freely. C. Not commonly, so far as I know. Have seen some.—Wilson.

A. My judgment is they are. B. Not a great many, principally diseased ones. C. I do not know of any. D. It does in their constitutions.—Wilkinson.

A. Yes. B. C. No.—Wittenberg.

A. Yes, rapidly. B. Yes. C. Yes, the pipe is given them to relieve pain, and they form the habit. D. Yes, seriously.—Woodhull.

A. Yes. B. Some. C. Don't know any. D. Not that I have seen.—Woods, Edgar.

A. Yes. B. Yes, increasingly. In comparison with men, few. C. Very few. I have heard of mother breathing opium smoke into infants' mouths "who were born" with the "yin." D. I think they do by weakened constitution. The Chinese say children are born with the opium "yin," and die often unless their mothers or friends

blow the opium smoke down their throats, quickly soothing them and enabling them to nurse, which they have before refused to do.—Woods, J. B.

A. Yes, annually. B. Certainly they do. C. Yes, beggar-boys and other street waifs and shop apprentices. D. Decidedly.—Wolfendale.

A. Yes. B. 30 to 40 % of opium smokers. C. 10 %, mostly male, of the population from 7 to 15 years of age. D. Yes, in general physical weakness, doubtful if habit transmitted.—Woolsey.

A. B. C. D. Yes.—Wyckoff.



Is there a tendency to increase amount smoked?

Affirmative answers	...	...	...	95
Negative answers	...	...	...	0
Not answering	...	...	...	7

Comments :—

A large number here smoke up to the limit of their means.—Anderson, Peter.

Yes, and few can resist the tendency; lack of money is the great restrainer.—Barchet.

Yes, usually, though some have stopped gradually and some suddenly, without medical help.—Bixby.

Always, as far as I know, if means allow.—Burge.

Yes, 80 or 90 % gradually increase the amount of the drug used year by year. The rest would if they could.—Curwen.

Yes, if, from sickness, or worry, etc., the mind or body suffers more opium is taken to get relief.—Davenport.

Yes, the initial effect is soon lost unless increased.—Donthwaite.

A decided tendency; the rule is to *eat* as well as smoke, after a few years, as the craving increases.—Hall.

With some, if not all.—Hogg,

Only until habit is established. Some men increase dose until one to two drachms are taken daily, and then for years take daily this amount. Others take to one ounce daily for years.—Jellison.

Yes, not as marked as where morphine is used.—Kinnear.

There is certainly a tendency to increase the amount smoked. In the case of my patients from the laboring classes, I have been struck by the fact that one and a half or two mace per diem is about the limit reached by a majority of this class. This amount is soon reached,—in one, two, or three years at longest. The explanation is, I suppose, they have not money to procure larger amounts. Frequently on asking such men what physical enjoyment they experience in smoking, the reply has been: at first they had pleasure, but now the amount of opium they use only dulls the craving. This class is constantly liable to the temptation to resort to opium “refuse,” with disastrous results.—Lyall.

The amount smoked among women is on the increase.—Masters.

Up to limit of cash.—McCandliss.

Yes, considerable. Though certainly not in every case, yet in by far the most cases the tendency is to increase the amount smoked.—Randle.

For a year or two, yes; subsequently, same quantity.—Smyth.

Can a person, in your opinion, smoke opium, daily, for years, without becoming a confirmed opium smoker?

Affirmative answers 0

Affirmative answers, modified 6 :—

Yes, I know some who smoke so little that they could abstain if so inclined.—Anderson, Peter.

Yes, but not easily.—Hart.

Yes, but opinion is not formed on sufficient experience.—Moore.

Have come across only a few (4-5) who have taken opium daily for years, who have remained healthy and were able to leave it off at will without a marked craving.—Watson and Mrs. Watson.

Can, but seldom does.—Woolsey.

Not answering 5

Negative answers, modified... .. 3 :—

Can a person in your opinion, smoke opium, daily, for years, without becoming a confirmed opium smoker?

Very rarely.—Parry.

Very few can avoid becoming confirmed opium smokers. Some, about 2 %, can avoid.—Rennie.

Yes, but these cases are very exceptional and rare; generally a person cannot smoke for years without becoming a confirmed smoker.—Wittenberg.

Negative answers 88

Comments :—

Speaking generally I believe this is impossible. I do not believe one in a thousand could be found who would not become a confirmed opium smoker.—Anderson, J. A.

Not to my knowledge. Smoking daily for three or four months is sufficient to make a confirmed opium smoker.—Barchet.

No, but he need not become an “opium sot.”—Burge.

Have never known a case. Have seen a wreck made in less than a year.—Collins.

Not if he smokes at regular intervals; a man smoking a small amount, regularly, for three months, would be enslaved by it.—Douthwaite.

No, decidedly not in my opinion. The craving comes in from a fortnight to a month, depending on amount used; they seldom leave it after that.—Hare.

No, but not necessarily an “opium sot.”—Learmonth.

No (not even for months).—McCartney.

If he smokes “daily for years” he is a confirmed opium smoker. But I have known several who have taken it, off and on, for years and yet are able to do without it.—Morley.

No, and the difference between a confirmed opium smoker and an “opium sot” is hard to define. It seems to be a difference largely of personal appearance and of money. Neither can do without opium, but so long as a man has money enough to keep up appearances he is only a confirmed opium smoker, and when his money gives out and he has to pawn his clothes he becomes an “opium sot.”—Park.

In my opinion the smoker cannot indulge himself twice daily for *one year* without becoming a slave to the habit.—Randle.

If he smoked opium daily for years he is a confirmed “opium sot,” and can not dispense with it.—Wolfendale.

A. What percentage of labourers, merchants and artisans smoke opium in the part of China with which you are conversant?

B. What is the effect of opium smoking on their efficiency?

C. Do many employers object to employing opium smokers?

D. If so what are some of the reasons assigned for not employing them?

A. Couldn't say; things in transition state now anyhow; fewer of all classes smoke than formerly. B. In many cases efficiency apparently not impaired. C. No.—Anderson, Peter.

A. 70 %. B. It lessens the amount of their efficiency. C. Always, if others are obtainable. D. Lack of efficiency, usually.—Atwood.

B. So far as I have seen and heard, it impairs their efficiency. C. Yes. D. They are untrustworthy, and sure to be in debt.—Baillie.

A. Laborers and artisans about 30 %. Merchants and yamèn people 70 to 80 %. B. Inefficiency and unreliableness. C. Yes. D. "Can't trust the opium smoker," and "takes too much time."—Barchet.

A. Large. B. Deteriorating. C. Yes. D. Unreliable and inefficient.—Beebe.

B. Very deleterious. C. Yes. D. Unreliable morally and physically.—Bixby.

B. Much less efficient. C. Yes, most employers do. D. Inattention to business and lack of conscience.—Brown.

B. Inability to accomplish the same amount of labor. C. Yes. D. Inability to do their work, unreliability—may become thieves to enable them to buy opium.—Burge.

A. I believe 30 % or more use opium. B. Lessens their efficiency. C. Seemingly few. Don't have much opportunity to judge.—Canright.

A. Chair coolies principally. B. Temporarily increases strength. C. Never heard so.—Carleton.

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B. Lessens efficiency always. C. No, not strenuously.—Coltman.

A. Probably from 5 to 10 %. B. It impairs their efficiency. C. Yes. D. Can not trust opium smokers.—Christie.

A. Do not know. Laborers and artisans less. Merchants more. B. From slight impairment in young to entire unfitness and inefficiency. C. I think not, if efficient men; otherwise do not employ them. D. Inefficiency and incapacity.—Collins.

A. Of the official and shop-keeping class, say 50 %. Of the villagers near Peking, far fewer; for example, in one Hsien near here there are 128 families, in only 10 of which are there opium smokers—this number includes no women—and, within the experience of my chief assistant, whose home is in this Hsien, those 10 families have fallen from positions of comfort to poverty. B. Bad of course. C. Yes, of course. D. Loss of time, uncertainty of character, less wide awake and less capable of keeping a good lookout on things.—Curwen.

B. In the end injures it. C. Yes, as far as I can gather. D. Takes time, makes them untrustworthy.—Davenport.

B. Renders them torpid, mentally and physically, except when recently stimulated by it. C. Yes. D. Untrustworthy; less capable than abstainers.—Douthwaite.

A. 60 %. B. The more smoked the less their efficiency. C. They take no one to learn a trade who smokes, but they may learn to smoke afterwards. D. Inefficiency.—Fearn, J. B.

A. 70 %. B. Lessens it, decidedly. C. All object.—Fearn, Anne Walter.

B. There may be a temporary increase after the usual dose, but a general deterioration. C. Yes. D. Lessened physical strength, untrustworthiness, loss of time.—Gale.

B. Detrimental generally. C. Some. D. Inefficiency, laziness, suspect thieving propensity.—Gillison.

A. 20 %. B. Greatly diminishes. C. Yes. D. Unreliable and inefficient.—Goddard.

A. 20 %. B. Lessens it. C. Yes. D. Not on time. Not so honest, bad habit.—Grant.

A. Laborers, 30 to 40 %; artisans, 50%; business men, 60 to 70%. B. Always diminishes their efficiency—lazy, weak. C. All employers

object. D. Weakness, laziness, independableness, deceitful. Opium craving calling them away from their work, etc.—Guinness.

A. Laborers, first; artisans, second; merchants, third (rich men not included). B. Loss of strength; also, will power. C. They do. D. "An opium smoker is not worth his food," a common saying here.—Hall.

A. I should think about 80 %. The Chinese say from 60 to 70 %. B. Must necessarily make them less efficient. C. Never heard of any. I think they look on it as a necessary evil now. Never heard of any one being refused employment on account of opium except among the foreigners.—Hare.

A. Laborers, 50%; merchants 80, %; artisans, 50 %. B. Only able to do half the amount of work that a healthy man can perform. C. Yes. B. Unable to perform the duties required of them. Not reliable.—Hart.

A. Perhaps 70 %. But in the cities and bigger villages far greater than in the country. In the cities quite 90 %. B. At first not deleterious; but later (and soon) more and more so. C. Yes! especially if, when *seeking* employment, they are taking it. D. Because they cannot trust such; their money is stolen (a native informs me).—Hewett.

A. The laborers are in the great majority. B. Deleterious. C. Yes. D. Unpunctuality. They cannot rely on them to do their work.—Hicken.

B. To make them unreliable. C. They do. D. They are lazy, thievish and unreliable.—Hoag.

B. Spoils chair bearers and coolies.—Hogg.

A. 30 % (?) B. The smoker cannot be trusted in business by his associates. C. They all object, even smokers themselves. D. Unreliable. Irritable before and stupid after.—Hopkins.

A. 80 %. Decidedly depreciative. C. Yes. D. Because—1st, the opium smoker wastes time in smoking; 2nd, his body is weak, and he is unable to do heavy work; 3rd, fear his probable dishonesty; 4th, fear his influence on other employees.—Huntley

A. Farmers, 40%; laborers, 30%; merchants, 30%; officials, 50%; artisans, 70 %. B. A smoker can work 270 days a year; non-smokers, 360. C. All classes rather have abstainers. D. Lazy. Must leave to smoke; steal,—Jellison.

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 C. *Do many employers object to employing opium smokers?*
 D. *If so what are some of the reasons assigned for not employing them?*

- A. No data. All classes smoke.
 B. Efficiency diminished.—Kerr.
 A. Say about 30 % of total male population. B. Deteriorating. C. Yes.
 D. Inefficiency, laziness.—Kilborn.

A. Said to be 20 %. B. Having the habit, they can't do their work without it, but not as efficient as non-smokers. * C. Yes. * D. Inefficiency, unreliability.—Kinnear.

B. They become lazy, and must have their regular smoke.
 C. Yes. D. The inconveniences of above (B).—Learmonth.

A. 10 % laborers, 15 % merchants and the balance of the literary and official classes. B. Lessens efficiency. C. Yes. D. Time wasted in smoking.—Lowry.

A. I cannot tell. It seems a large per cent and to be increasing.
 B. It ruins it. C. Yes. D. Inefficient in body and morals.—Lyon.

A. B. I cannot give percentages; but opium smoking is probably more prevalent among the merchant class than among the laborers or artisans. Merchants have told me that at first opium rather increases their ability to manage their businesses, but sooner or later it leads to indolent habits and consequent neglect of their affairs. In the case of laborers and artisans it leads to inefficiency. They become weaker in body, lazy and unreliable.
 C. Yes. D. Laziness and untrustworthiness.—Lyall.

A. About two-tenths (rough guess). B. If taken for pain, in small quantity, efficiency increased, otherwise decreased. C. They are employed, but on less wages and in inferior positions. D. Dishonest, unreliable, time-servers.—Machle

A. Cannot give particulars; all classes smoke. D. Injurious in all. C. Yes. D. Failure to do good work.—Macklin.

A. Laborers and farmers 20 %; merchants, 30 %; artisans, carpenters, 30 %; masons, 2 %. B. If little, not much excepting waste of time. C. Yes. D. Generally for wasting time.—McPhun.

A. A large per centage. Impossible to give reliable statistics.
 B. Bad. C. Yes. D. Unreliable, unpunctual, untruthful, want of strength and general inefficiency.—Main.

A. I cannot give the per cent. Farmers, as a rule, do not smoke. Chair coolies, masons, merchants, literary men and artisans are commonly smokers of opium. B. Degenerating. C. Yes.

D. They are untruthful, steal, lazy and physically unfit to do their work, also are great "gasifiers."—Masters.

C. Yes. D. Dishonest and can't work until they first have a smoke.—McCandliss.

A. Laborers, 80 %; merchants, 60 %; others, 80 % or more.

B. Unfits them for any responsible position. C. Yes. D. Cannot be depended upon, lazy, etc.—McCartney.

A. Cannot say definitely. A large percentage. B. Most injurious.—Moore.

A. The opium habit is comparatively infrequent amongst farmers and coolies in our neighborhood.—Morley.

B. Their efficiency is greatly impaired. C. All object. D. Lack of strength, not reliable.—Niles.

A. About 13 % (this was in the country). B. Decreases it. C. Yes.—Otte.

A. Laborers, about 50 %; artisans, about 30 %; merchants, about 40 %; estimated by Chinese. B. Decreases their efficiency. C. Yes. D. They become lazy and untrustworthy.—Palmborg.

A. Percentage unknown, but it is very large, and is growing larger every day. B. Less efficient in every calling, from the highest official to the lowest coolie. The Chinese say of a Mandarin who smokes opium, 怕事: "He is afraid of affairs," that is, does not like to be troubled by official business. Women in our dispensaries often reply, when asked their husbands' occupations: "Don't do anything; he is an opium smoker." August 7th, 1898, I was called quite early to a case of opium poisoning outside the city, and to get there a long sedan chair ride was necessary. As the weather was hot, and the distance great, six coolies were called. Five of them were opium smokers, and by the time we arrived at the patient's house, they were utterly fagged out, and when, after working with the patient for about an hour, I wanted to start back, they could not be found. The non-smoker was on hand, smiling and ready to start; when asked about the other coolies, he pointed with his chin in the direction of an adjoining opium den. There I was trying to save a man who had taken opium to kill himself, and five of my sedan bearers were out smoking the awful drug to get strength to carry me back home. Being bothered with worthless coolies, is a constant experience, for I get a great many calls and ride long distances in sedan chairs almost every day. Without his opium, an opium smoking coolie is worthless, and with it he is unequal to a non-smoker; two of the

- A. *What percentage of labourers, merchants and artisans smoke opium in the part of China with which you are conversant?*
 B. *What is the effect of opium smoking on their efficiency?*
 C. *Do many employers object to employing opium smokers?*
 D. *If so what are some of the reasons assigned for not employing them?*

latter being worth three of the former any day. And here I wish to emphasize a point in reference to the direct and indirect effects of opium. These Soochow chair coolies, as a rule, get

plenty to eat. Their wives and children (when they have any) and their poor old mothers (their fathers in many cases being long since dead from the use of opium) suffer for the necessities of life, but they themselves never complain of the want of food so long as they can work. Their weakness and unreadiness and general good for nothingness, is due entirely to the direct effects of opium smoking.

C. Yes. If they have a man employed, and he takes to opium, they may tolerate him, but once an opium smoker loses his job, it is almost impossible for him to find another; nobody wants him. I know some Chinese who refuse not only to employ opium smokers, but even to rent houses to them. D. They come to work late, are lazy, unreliable, often disreputable in appearance, and will steal if their wages are not sufficient to enable them to buy opium in addition to their necessary expenses.—Park.

A. Largest among merchants and chair coolies. Many business bargains are settled over the pipe. C. Yes, especially among farmers and artisans. D. Weakness and waste of time.—Parry.

A. Laborers in cities and towns, about 20%; in country, very few; merchants, 50%; artisans, 30%. B. It delays, weakens and enervates. C. All do. D. Inefficient and untrustworthy.—Patterson.

B. Bad. C. Yes.—Pavin.

A. Laborers and artisans, very few; merchants, more. Most shops have an opium outfit for use in treating friends. B. Deleterious. C. Yes. D. Waste of time.—Peck.

A. Laborers, 1%; merchants, 10%; artisans, 3%. B. There is a nervous alertness with subsequent depression. C. Employers object vigorously. D. Irregularities and waste of time.—Porter.

A. Artisans smoke more than laborers, and merchants more than artisans, but percentages are obviously difficult to fix. B. Opium smokers are in general disfavor with their employers. They are said to lack both energy and strength, becoming lazy and untrustworthy. They are specially given to procrastination in their work. C. Yes, decidedly. Even opium-smoking business managers

will sometimes (perhaps often) dismiss an assistant who has taken to the vice. D. The main reason is inattention to business, which charge is generally very well founded indeed.—Randle.

C. Yes. D. Unreliability.—Rankine.

A. Chair bearers, 80 % ; merchants, 20 % ; carpenters and builders, 60 % ; agricultural laborers, few. B. Impairs efficiency. C. Yes. D. Uncertainty as to hours of labor, indolence and untrustworthiness.—Rennie.

A. 50 %. B. Injurious to a marked degree. C. Yes. D. Not honest, too dilatory in their work.—Rigg.

A. Small percentage.—Seymour.

A. My Chinese teacher says nothing less than 50 %. B. Gradually fails. D. The only reason I have heard is inability to work.—Smith.

A. No statistics. Most of our chair coolies smoke. B. A temporary increase of physical and mental power. C. Some certainly do. D. Because of wasted time and untrustworthiness.—Smyth.

A. Difficult to say ; I should think it might be 30 % male adults. B. Diminishes it invariably and often destroys it. C. Yes. D. Unreliable, inefficient.—Squibbs.

A. A large per cent. B. Decreases it. C. Yes. D. They are liable to be incompetent and untrustworthy.—Stone and Kahn.

A. I do not know ; large. B. It detracts from their efficiency. C. Increasingly so. D. Lack of strength and lack of application.—Stuart.

A. About one in four. B. Reduces their capacity for work. C. Always do. D. If kept, it is because they are *old time* employees.—Suvoong.

A. Laborers, 10 % ; merchants, 80 % ; artisans, 30 % ; about. B. Invariable deterioration proportionate to the dose. C. Yes, most do. D. Lazy, lying, thieving, useless, undependable, *i.e.*, more or less unfit for work.—Taylor, F. H.

A. Of laborers, not many ; of artisans, more ; of merchants, very many. B. Decreases it noticeably. C. Yes, very many. D. Generally, loss of time and unreliability.—Taylor, G. Y.

A. 10 %. B. No strength nor ability. C. Yes. D. On account of neglecting their duties.—Tsao.

A. In the markets, half of the mandarins ; in the villages, about 20 %. B. It makes them very inefficient and helpless until they have had their opium, when they can work with about half the endurance

- A. *What percentage of labourers, merchants and artisans smoke opium in the part of China with which you are conversant?*
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of other men. C. Yes, even when they smoke themselves. D. Because they are apt to steal, and it takes a great deal of time, and they get tired easily.—Vanderburgh.

A. Perhaps 20 %. B. Bad. C. Yes, almost without exception. D. Untrustworthy, indolent, weakened physically.—Wagner.

A. Laborers (agricultural), not 5 %; artisans, 10 %; shop-keepers and Yamèn runners, over 85 %. B. In most cases depreciated. D. Insufficient strength and waste of time.—Watson and Mrs. Watson.

A. The Chinese themselves compute from 70 to 80 %. This, I fear, is only too true. B. Derogatory. C. I know some who stringently reject opium smokers. D. Their dishonesty, unreliability, and increasing inefficiency.—Webster.

A. Out of 1,800 opium smokers tabulated there were merchants, 575; farmers and coolies, 600; artisans, 217; soldiers, 207; boatmen, 50; runners, 23; literati, 67; etc. B. Bad, especially the confirmed smoker. C. They generally do. D. The natural reasons of inefficiency and untrustworthiness.—Whitney.

A. No statistics; should say percentage of farmers much greater than merchants. Artisans are at a premium here. B. Can't be so efficient, even if it is only for the time spent in smoking. C. Shop-keepers here all object. A man must be a master before he smokes. D. Not so efficient, more liable to steal (because need of money is great).—Wilson.

A. Countrymen, few; merchants and artisans in the city, 75 % over thirty-five years of age. B. They become unreliable. Physically incapable of doing full work. C. Many of the larger stores have smoking outfits for patrons, and I do not know as to their objecting to employees smoking.—Wilkinson.

C. Yes. D. Want of strength, spending too much time at the pipe. Cannot be trusted in time.—Wittenberg.

A. It is very common among all classes. B. So far as I know it is always an injury. C. They do. D. They waste their time, grow lazy and cannot be trusted.—Woodhull.

A. Merchants less than others. A good merchant discharges his clerk if he smokes, hence few use it. Laborers and artisans, 2 %. B. Makes them of no account. C. Yes. D. They are of no account.—Woods, Edgar.

A. Coolies in towns, 80 to 90 % ; in country, much less ; artisans, 30 % ; merchants, 50 %. The highest and lowest classes are much addicted, 80 to 90 % using the drug. The lowest classes are less affected, because their extreme poverty prevents them from buying all they wish, hence they are more slowly ruined. In this city of Tsing-kiang-poo, I am told on good authority that the daily sale of opium, by the wholesale houses, exceeds the daily sale of rice by 2,700 taels. B. Lessens efficiency. C. Yes. In this region merchants will not employ assistants who smoke opium. If they smoke they are discharged, therefore no clerks in stores smoke, for employers will not allow it. D. They say opium smokers are unreliable, lazy, will steal and cannot work hard.—Woods, J. B.

A. Coolies, 90 %. Over 80 % in all trades. B. No *visible* effect while the “*yin*” is satisfied. C. Yes. D. Shortness of breath, dishonesty and lack of strength.—Wolfendale.

A. 60 %. B. Lessens, and in some cases totally destroys. C. Those who do not smoke do, otherwise generally not. D. They are inactive, sleepy after the pipe, etc.—Woolsey.

B. Their physical force is lessened.—Worth.

B. It weakens the mental functions. C. All do. D. Inability—mentally and physically.—Wyckoff.

Is the opium habit condemned as degrading or injurious by the Chinese in general?

Affirmative:—Anderson, J. A., Anderson, Peter, Atwood, Bailie, Barchet, Beebe, Bixby, Brown, Canright, Christie, Curwen, Davenport, Douthwaite, Fearn, J. B., Fearn, A. W., Fulton, Gale, Gillison, Goddard, Guinness, Grant, Hall, Hart, Hewett, Hoag, Hogg, Hopkins, Huntley, Jellison, Judd, Kimber, Keller, Kerr, Kahn, Kilborn, Kinnear, Learmonth, Logan, Leonard, Lowry, Lyon, Lyall, Machle, Macklin, McPhun, McCauliss, Main, McCartney, Moore, Morley, Niles, Otte, Palmborg, Park, Parry, Patterson, Peck, Porter, Randle, Rankine, Rennie, Rigg, Seymour, Suvoong, Stone, Squibbs, Stuart, Taylor, F. H., Taylor, G. Y., Tsao, Vanderburgh, Venable, Wagner, Watson, Mrs. Watson, Webster, Whitney, Wilkinson, Wilson, Wittenberg, Woodhull, Woods, Edgar, Woods, J. B., Wolfendale, Wyckoff.

*Is the opium habit condemned as
degrading or injurious by the
Chinese in general?*

Total affirmative 85

Qualified affirmative—Burge, Colt-
man, Hickin, Masters 4

Negative—Carleton, Hare 2

Qualified negative—Collins, Smythe, Woolsey, Worth ... 4

Not answering—Ayer, Cattell, Gates, Gloss, Pavin, Polk,
Smith 7

Comments:—

To some extent perhaps, but at the same time they would grow any number of poppies for profit's sake.—Burge.

The habit is pronounced bad and injurious by the Chinese in general and by the smokers themselves.—Barchet.

Yes, in a half-hearted way.—Coltman.

The Chinese have little moral objection to it. It gives the only enjoyment the low grade of people are capable of.—Collins.

Yes. I have never met with a Chinaman who defended the habit.—Christie.

Certainly. In Tung Chih's time, thirty years ago, it was not so in Peking, then a common phrase was 騎走馬坐熱車不抽大煙不算潤; this expression is never heard now, for experience of late years, during which opium smoking has increased, has shown the statement not to be true.—Curwen.

Yes, I never met a man who had a word to say in its favor; it is universally condemned.—Douthwaite.

All condemn it with the strongest language.—Fearn.

Yes, certainly! And when wanting to confront a preacher of holiness, they ask, "Where does opium come from; who brought it to China?" I answer, "From wicked men of our country."—Hewett.

It is regarded as a vice.—Hickin.

No, I think not. Occasionally you meet a man who, knowing more than the average man, will fight against it.—Hare.

Habit condemned by all.—Kerr.

As injurious, certainly; as degrading, by the better classes.—Kinnear.

The opium habit is universally regarded by the Chinese as injurious and degrading, but the well-to-do smoker does not lose caste to the same extent as his more impecunious brother; partly, because he does not deteriorate morally so much; and, partly,

because in China, as elsewhere, the possession of money carries social influence. Among the wealthy Chinese, however, there seems to be some discrepancy between their precepts and practice, for it is a fact that in the large mercantile hong, in Swatow, it is becoming more and more the custom, I am told, to keep the opium pipe for the use of friends and visitors.—Lyall.

Yes, classed among the three or four great Chinese sins.—McCartney.

I never see the Chinese get as excited over anything as they do in discussing the evils of opium. They rise from their seats and talk so loudly they can be heard all over the house. They simply cannot find words strong enough to express their condemnation of it. Among the lower classes an opium smoker is usually contemptuously referred to as an "opium devil."*—Park.

* Mr. King, a well known wealthy Chinese gentleman of Nan-zing, writes me as follows:—I wish to say a few words in regard to the injury opium is doing the Chinese.

(1). Physical effects.—Opium smoking weakens the body and tends to laziness. After the "yin" is formed, the person must smoke from three to five times a day. If he does not, he has running from the eyes and nose, is utterly miserable, prostrated; and various other troubles arise, such as abdominal pains and diarrhoea, bone ache, etc., etc., and if the opium smoker falls ill, he is more difficult to cure than other people. This shows that opium ruins a person physically.

(2). It is demoralizing morally.—An opium smoker's heart becomes depraved, and while he is smoking, he is generally thinking up mischief of some sort. This shows that opium brings moral degradation.

(3). Lowers a man socially.—The opium smoker is ill at ease in the presence of respectable men, but is happy in the company of other smokers. Thus he daily withdraws himself further from proper associations and comes in closer contact with bad characters until he ends in becoming a low class man. This shows that opium leads to social disgrace.

(4). Tends to waste of time.—Opium smokers like to stay in bed. Some sleep until noon, and some do not get up till four or five o'clock in the afternoon. The time from morning till night is thus dissipated by opium.

(5). Causes waste of money.—The opium smoker may originally have money, but after smoking a year or two, it grows less. Providing for wife and children is not on his mind, clothing and food are not to be had, and he gradually becomes a beggar and a thief.

(6). Leads to loss of business position.—If a man getting 100,000 cash wages per year, forms the opium habit, his employer generally takes off from 20,000 to 30,000, because he does less work, thus his income grows less, and at the same time his appetite for opium is increasing; soon he has not enough for necessities, and he begins to secretly falsify accounts, and gets crooked in many ways, until some day it all comes out, his reputation is ruined, and no one will employ him.

In the above I have set forth some of the evils of opium smoking, and ask you to decide as to their truthfulness.

The Chinese government has several times tried to put down the opium trade, but so many of her own people are enthralled she is unable to do so.

If your honorable country can think of a plan to prevent opium from continuing to enter China, and remove the evil of one hundred years in one day, it will truly be to the happiness of four hundred millions of people.

*Is the opium habit condemned as
degrading or injurious by the
Chinese in general?*

Universally condemned.—Porter.

This is beyond controversy. It is everywhere condemned as degrading and injurious by the Chinese themselves.

Smokers and non-smokers alike denounce it.—Randle.

By the lower classes, yes; by the higher classes, no. [The opium divan is as common in the houses of the gentry as the billiard room in England].—Smyth.

Almost universally condemned as injurious, not considered degrading in first stages.—Stuart.

Yes; at best, tolerated. Never heard of opium-smoking father advising his son to smoke.—Suvoong.

Both, and I never heard a Chinese defend its use.—Whitney.

Non-smokers condemn, smokers acquiesce, but go on smoking. Have never heard anyone applauding the habit.—Wilson.

It is. I never heard anyone speak in favor of it, but have heard it very often condemned by the Chinese.—Woodhull.

I think so, and they like to blame the English for its introduction wherever they can score a point.—Wolfendale.

Those who smoke do not, as a rule; those who do not smoke do, as a rule.—Woolsey.

Deprecated. I have seldom heard it honestly condemned.—Worth.

How do they regard the opium habit as compared with the alcohol habit?

Opium worse	...	...	...	...	70
Alcohol worse	...	..	...	...	3
No knowledge	...	...	...	.	29

Comments :—

The latter is as nothing in comparison.—Atwood.

Less injurious, but they are not good judges.—Coltman.

To smoke opium is regarded twice as bad as to be a drunkard. Villagers drink harder than the dwellers in Peking, and smoke much less opium.—Curwen.

They look on drunkenness as the more degrading.—Hare.

I have no recollection of ever hearing a Chinaman voluntarily comparing the opium with the alcohol habit. When asked he readily acknowledges that the abuse of alcohol is injurious, but maintains that in China there is no comparison between the evils wrought by opium and by alcohol. From his point of view this is true enough, for although the Chinese are far from being teetotalers, yet drunkards are not numerous. Moreover, opium is dear, alcohol is cheap, and, therefore, socially the effects of the two are scarcely comparable, whatever the physical effects may be.—Lyall.

They make no comparison, as all drink. A few, living in the interior, who have been to the coast and seen drunken foreigners, say the opium habit is not worse than the alcohol habit.—Machle.

Much worse, because more general and constant.—McCandliss.

Morally worse, the physical injury is as great.—McCartney.

Worse. If in China alcohol slays its thousands, opium slays its ten thousands. The Chinese take a great deal of alcohol in the shape of sam-shu and other liquors, but as most of those who drink consume only a fixed amount daily, drunkenness is comparatively rare. They never compare the two, but that they know alcohol is injurious is proven by the fact that a drinker always stops when he gets ill, and no one ever takes to it for any ailment. When an opium smoker is ailing, he smokes more and more, but when a drinker falls ill he usually stops his daily allowance. This shows that when opium is restricted in China, and put on the same footing as it is in other countries [as it surely must be sooner or later], there is no danger that those who get ill will take to alcohol as they now turn to opium.—Park.

The opium habit is extensive, both as to number of victims and amount of opium used; 98 % of drinkers of alcoholic beverages in this part of China are moderate drinkers. Troublesome drunkards are very rare.—Randle.

Opium habit considered most injurious.—Rennie.

No comparison. Alcohol drunkenness is rare.—Savoong.

Incomparably worse.—Taylor, F. H.

Opium habit the worse. Alcohol habit, being more intermittent in its effects, is regarded more favorably.—Watson and Mrs. Watson.

Is opium, within your knowledge, a prophylactic against fever, rheumatism, or malaria?

Affirmative :—Christie, Grant, Hart, McCandliss, Rigg ... 5

Affirmative qualified :—Barchet, Burge, Coltman, Collins,
Curwen, Machle, McPhun, Tsao, Woods, Edgar ... 9

Negative :—Anderson, J. A., Anderson, Peter, Atwood, Ayer, Bailie, Beebe, Bixby, Brown, Canright, Carleton, Cattell, Davenport, Donthwaite, Fearn, J. B., Fearu, A. W., Fulton, Gale, Gates, Gillison, Goddard, Hall, Hare, Hickin, Hoag, Hogg, Hopkins, Huntley, Jellison, Kahn, Kember, Kerr, Kilborn, Kinnear, Learmonth, Leonard, Lowry, Lyon, Lyall, Macklin, McCartney, Main, Masters, Moore, Niles, Otte, Palmborg, Park, Parry, Patterson, Peck, Polk, Porter, Randle, Rankine, Rennie, Seymour, Smyth, Stone, Stuart, Suvoong, Taylor, F. H., Taylor, G. Y., Vanderburgh, Venable, Watson and Mrs. Watson, Webster, Whitney, Wilkinson, Wittenberg, Woodhull, Woods, J. B., Wolfendale, Woolsey, Worth, Wyckoff, Keller ... 77

Not answering :—Gloss, Guinness, Hewett, Judd, Logan, Morley, Pavin, Smith, Squibbs, Wagner, Wilson ... 11

Comments :—

To a slight extent only.—Barchet.

Slightly in malarial fever, I believe.—Burge.

I think to an extent it is a prophylactic, but the effects of the drug are worse than the disease.—Collins.

Malaria, slightly; rheumatism, no.—Coltman.

It may be a prophylactic against malaria. It was so regarded in the Fen country of Cambridgeshire; the theory that it might form a sufficient excuse for a man who wanted to smoke, but is no real reason.—Curwen.

I have noticed that opium smokers are less liable to have malaria.—Hart.

Many opium smokers suffer from both malaria and rheumatism.—Hickin.

No, if a smoker gets malaria, or rheumatism, it is more severe. If he gets dysentery, no hope for him. Some smokers, on getting ill,

can't bear to smoke, and die for lack of it. Others abstain when ill, and take it up when convalescent.—Jellison.

I think not. It may delay the ague chills, but I think it cannot prevent the action of the parasite on the system. Malarial cases are as apt to be smokers as not.—Kinnear.

I have had patients with fever, malaria and dysentery, who were confirmed opium smokers. Perhaps at first it is prophylactic.—Machle.

Opium smokers don't seem to have ague so frequently as others, but I have not examined the cause of this sufficiently.—McPhun.

I admit that it does seem to protect from malaria.—McCandliss.

Twenty per cent of non-opium patients suffered from malaria, and exactly the same per cent of opium users suffered from malaria.—Otte.

No, some of the worst cases of malaria I have ever been called upon to treat were opium smokers. One man smoked one Chinese ounce [583 gr.] a day. As to chronic rheumatic pains, my observation is that opium smokers are more subject to them than non-smokers. One of the most common sights in our dispensary is the yellow, emaciated, watery-eyed, asthmatic, constipated old opium smoker suffering with rheumatism. They generally say that they began smoking on account of the pain, and that at first the pipe relieved, but now it is of no use, and they suffer more than ever*—Park.

I am inclined to think it is prophylactic against malaria.—Rigg.

The evidence is, in my judgment, distinctly the other way, viz., that opium smoking is useless in treatment for fever, rheumatism, or malaria. That in certain conditions an abatement of pain should temporarily follow its use, is common enough, but that fact does not in the least detract from the truth of the former statement.—Randle.

None whatever. It rather invites diseases to systems enfeebled by its use.—Suvoong.

To some extent.—Tsao.

I have not found it so, nor have I ever seen any *reliable* evidence that it is so.—Whitney.

I don't know that I ever treated an opium eater for chills.—Woods, Edgar.

* Even if we grant that it is slightly prophylactic against malaria what does it signify? No one in his senses would think of recommending a person to become an opium smoker for any such purpose.

Since writing the above I have had a case of malaria in an opium smoker that I could not cure.—W. H. P.

Is it so regarded, (that is, that opium is prophylactic against fever, rheumatism, or malaria), commonly by the inhabitants of the part of China with which you are conversant?

Affirmative	...	...	...	...	4
Affirmative qualified	...	...	...	...	7
Negative	...	...	...	...	64
Not answering	...	...	...	...	27

Comments:—

I have never heard it mentioned as such by any native. Not as a prophylactic, but opium is taken because of the pains caused by rheumatism.—Anderson, Peter.

They regard it as a good "Pain-killer" only.—Barchet.

The Chinese here do not regard opium as a prophylactic against anything.—Curwen.

No, as malaria comes from an evil spirit.—Grant.

No, the opinion here is that diseases are worse in opium cases.—Guinness.

A native doctor answers: "No, not at all, but on the contrary anyone who takes it suffers far more severely when attacked by any affection."—Hewett.

No, not specially, but it is used as a panacea for all ills.—Hickin.

Possibly against rheumatism, not against fever or malaria.—Kilborn.

No, the idea is unknown in this region.—Lyll.

A few consider it so.—Otte.

No such idea prevalent in Soochow. Those I have questioned seem to think only a foreigner could have any such notion. The Chinese doctors say that opium smokers are more liable to disease than those who do not smoke.—Park.

No, and a smoker who takes an acute disease, is considered not to have many chances for life.—Patterson.

Malaria is not very common here, but natives think malaria less prevalent among opium smokers.—Rennie.

Never so regarded here.—Suvoong.

There are such who say it is good against tsa-tsi, which would include above, but this is not generally believed.—Watson and Mrs. Watson.

It is by a few.—Whitney.

Yes, by many.—Wilkinson.

Sixty per cent do, remainder do not.—Woolsey.

A. Do Chinese physicians prescribe opium smoking for chronic illnesses?

B. If so, and relief is afforded, is it temporary or permanent?

Yes. Temporary relief as a rule.—Anderson, J. A.

Yes, in many cases. I meet with few who own to having got any relief.—Anderson, Peter.

For all kinds of illness. Relief only temporary as a rule.—Atwood.

Frequently. As a rule relief is only temporary.—Barchet.

Yes.—Beebe.

Yes, frequently. Temporary, of course.—Bixby.

Yes. Temporary.—Brown.

Yes, occasionally I have known of it. Temporary in the great majority.—Canright.

Never heard so; the laity do. Temporary.—Carleton.

Yes, in cases, as with us, may be permanent or not.—Collins.

Yes. Temporary.—Coltman.

Yes. The relief is, in most instances, temporary, but the smoking continues.—Christie.

Chinese doctors do not often prescribe the pipe; a man's friends often.—Curwen.

Yes. The relief is afforded while the opium is taken, but it drives the sufferer to take more and more opium.—Davenport.

Yes, frequently. Temporary, till the fee is paid!—Douthwaite.

They do largely. Temporary, if any.—Fearn, J. B.

Yes. Temporary.—Fearn, A. W.

Yes.—Fulton.

Yes. Temporary.—Gale.

Yes, very frequently. Temporary.—Gillison.

Yes. We cannot follow up the cases.—Gloss.

A. *Do Chinese physicians prescribe opium smoking for chronic illnesses?*

B. *If so, and relief is afforded, is it temporary or permanent?*

Yes. Temporary.—Goddard.

Yes. Temporary, but patients keep it up.—Grant.

No.—Guinness.

Opium is the principal prescription for any and all complaints. Relief temporary.—Hall.

Have been told so, and had it contradicted. Temporary, I should think.—Hare.

Not to any great extent. Temporary.—Hart.

Yes, almost always, I understand. It can only be temporary.—Hewett.

Yes. Temporary.—Hoag.

Seldom; the laity often do. Don't know.—Hogg.

They do. Temporary.—Hopkins.

No, as far as I know.—Huntley.

Yes, for cough, hæmoptysis, dysentery, general pains, chilling not due to malaria. Only relief, no cure.—Jellison.

Very often. Relief only temporary.—Kember.

Yes. Temporary, rarely permanent.—Kilborn.

Both Chinese physicians and neighbors do. Temporary usually.—Kinnear.

No, I am told not. Any relief is only temporary.—Learmouth.

Yes. Temporary.—Leonard.

Yes. Temporary.—Lowry.

Yes, or the patient takes it. Temporary.—Lyon.

The Chinese physicians in the Swatow region, so far as I can learn, are not much given to prescribing opium smoking as a remedy; indeed, they do not seem even to know much about the therapeutic use of opium. I am told that when they prescribe it, they usually give it in pill. Of course one frequently comes across subjects of chronic or incurable diseases, who have resorted to the pipe, but I am inclined to think that in such cases it is more generally self-prescribed, or begun on suggestion of friends, who, thinking that the man is doomed, would thus procure him a kind of *euthanasia*.—Lyall.

They do. It is temporary.—Machle.

Yes. Can't say.—Macklin.

Yes. Sometimes temporary, sometimes permanent.—McPhun.

Yes. Temporary, very.—McCartney.

Very often. Relief only temporary.—Main.

They do in many cases. Temporary.—Masters.

Very frequently. Temporary.—Morley.

They do for the relief of pain. Sometimes, if they continue to smoke, it is permanent, but pain returns when the pipe is discontinued.—Niles.

Yes. Temporary.—Otte.

Often. Temporary.—Palmborg.

Yes, after their remedies fail, they often say to the patients : "Smoke a pipe or two, and you will be all right." Temporary. If one pipe relieves to-day, it takes two to relieve to-morrow, and by the time the habit is established, relief is usually at an end.—Park.

Seldom, though they often consent to its use when asked.—Parry.

Friends often urge it. Often permanent, if opium continued.—Patterson.

Yes.—Pavin.

Solicitation generally from friends. Temporary.—Peck.

Not often. Temporary.—Porter.

Yes, to some limited extent. Relief is afforded, but it is only temporary in nearly all cases. It may sometimes seem to be permanent in a few cases, e. g., colic.—Randle.

Patients do if physicians don't. Temporary.—Rankine.

Some do. Uncertain.—Rennie.

Only occasionally. In incurable diseases I believe the relief is often permanent.—Rigg.

Yes. Temporary usually.—Seymour.

Yes, my dispenser says they do.—Smith

Sometimes. I have met with a few cases. Temporary in the few I have seen.—Smyth.

Yes. Temporary.—Stone and Kahn.

Yes. Do not know.—Stuart.

Often as a last resort. Temporary.—Suvoong.

A. Do Chinese physicians prescribe opium smoking for chronic illnesses?

B. If so, and relief is afforded, is it temporary or permanent?

Yes. In about half the cases permanent, but patient becomes an opium slave, and cannot stop.—Taylor, F. H.

Yes. Temporary.—Tsao.

Yes, when there is any disease that they cannot cure. they tell their patients to “eat opium” (eat means to smoke). Temporary.—Vanderburgh.

Patients frequently take it ; whether prescribed or not, I don't know.—Venable.

Yes. Temporary.—Wagner.

We constantly hear of such, with undoubted relief to many. Others again date the acquiring of the habit to using opium for a temporary illness.—Watson and Mrs. Watson.

I have personally known such cases. Relatives are more guilty in this respect than all the doctors. The habit is too frequently permanently established.—Webster.

Yes, especially incurable cases. Temporary, as one might expect.—Whitney.

No necessity ; people take it without expression of physician's opinion. Relief seems fairly permanent in some diseases, i. e., lasts with the continued use of the drug.—Wilson.

I have understood that they do. Relief only while under its influence.—Wilkinson.

Yes. Temporary.—Wittenberg.

Yes. The habit is formed, and the disease goes on from bad to worse.—Woodhull.

Not that I know.—Woods, Edgar.

Yes. Rarely permanent, usually temporary.—Woods, J. B.

For chronic, don't know; for small acute (toothache, etc.), yes.—Wolfendale.

Thirty per cent of native doctors do. Generally temporary.—Woolsey.

Yes. Temporary.—Wyckoff.

The following physicians did not answer these two questions :—Ayer, Bailie, Burge, Cattell, Gates, Hickin, Judd, Kerr, Logan McCandliss, Moore, Polk, Squibs, Taylor, G. Y., and Worth.

A. Is suicide common in your section of China?

B. What is the agent most generally employed?

Yes. Opium and (鹽 碱) salt residuum.—Anderson, J. A.

Yes. Opium.—Anderson, Peter.

Very common. Opium.—Atwood.

It is. Opium.—Ayer.

Yes. Opium.—Bailie.

Very common. Opium.—Barchet.

Yes. Opium.—Beebe.

Yes. Drowning, hanging, strangling.—Bixby.

Yes, very common. Opium, arsenic, and matches.—Brown.

Not very, considering the number of the native population. Opium, I think.—Burge.

Yes. Opium.—Canright.

Yes. Opium.—Carleton.

Yes. Opium.—Cattell.

Yes. Opium. (Cheap and handy).—Collins.

Yes. Opium, knife, matches.—Coltman.

Yes. Opium.—Christie.

Fairly common. I treat about fifty cases a year. Opium.—Curwen.

It was in Chnngking; it seems less here (Wuchang). Opium.—Davenport.

Not in Chefoo, but very common in Chekiang. Opium.—Douthwaite.

Yes. Opium, because it is easy to procure.—Fearn, J. B.

Yes. Opium.—Fearn, A. W.

Yes. Opium.—Fulton.

Comparatively so. Opium.—Gates.

Pretty common. Opium.—Gillison.

Very common. Usually opium.—Gloss.

Yes. Opium.—Goddard.

Yes. Opium.—Grant.

Yes. Opium.—Guinness.

It is. First opium, second quicksilver.—Hall.

Very common. Opium by all odds.—Hare.

Very common. Opium.—Hart.

Fairly, I should think. Opium.—Hewett.

Yes. Opium.—Hickin.

It is. Opium.—Hoag.

I have heard of forty or fifty cases in four years. Opium.—Hogg.

It is. Opium and arsenic combined.—Hopkins.

Yes. Opium.—Huntley.

Yes. Opium.—Jellison.

Less so than elsewhere, I should think.—Judd.

Yes. Opium.—Kember.

Suicide is frequent. Opium.—Kerr.

Very common. Opium.—Kilborn.

Yes. Opium in some form.—Kinnear.

Very common. Opium.—Learmonth.

I should say yes. Opium, I think.—Leonard.

Yes. Opium.—Lowry.

Yes. Opium.—Lyon.

Moderately common. Opium.—Lyall.

It is not very common. Opium, arsenic and "pan fa" (substance used for dressing the hair).—Machle.

A. Is suicide common in your section of China?

B. What is the agent most generally employed?

Very common. Opium.—Macklin.

Not very. Hanging and taking leaves of a species of gelsemium.—McPhun.

Very, amongst women. Opium and matches.—McCandliss.

Yes. Opium raw and opium ashes.—McCartney.

Yes. Opium.—Main.

Quite common. Opium among women.—Masters.

Exceedingly common. Opium.—Moore.

Can't compare with other parts. Opium.—Morley.

Suicide is common. Opium.—Niles.

Quite so. Opium.—Otte.

Yes. Opium.—Palmborg.

Yes. Opium.—Park.

Yes. Opium.—Parry.

Yes. Opium.—Patterson.

No. Opium.—Pavin.

Yes. Matches the present fad.—Peck.

Yes. I only see opium cases.—Polk.

Quite common. Opium is the only one of the poisons taken.—Porter.

It is common enough, but I think less so than in some other places. Opium is employed more than all other agents put together, phosphorus comes next, and is on the increase.—Randle.

Yes. Opium.—Rankin.

Yes. Opium, especially among women.—Rennie.

No, I think not.—Rigg.

Suicide is quite common. Opium generally.—Seymour.

Yes. Opium.—Smith.

Not very. Arsenic and opium pretty equally.—Smyth.

Yes. Opium.—Squibbs.

Very common. Opium.—Stone and Kahn.

Yes. First opium, second drowning.—Stuart.

Very, have one to-day. Opium raw and cooked.—Suvoong.

Yes. Opium.—Taylor, F. H.

Apparently not very in Pao-tung Fu. Probably opium.—Taylor, G. Y.

Yes. Opium.—Tsao.

Yes. Opium.—Vanderburgh.

Exceedingly so.—Venable.

Yes. Opium.—Wagner.

Compared to the home country very common. Formerly opium, now matches.—Watson and Mrs. Watson.

Very common. Opium almost invariably.—Webster.

Pretty common. Opium.—Whitney.

Not rare. Opium.—Wilson.

Yes. Opium.—Wilkinson.

Not uncommon. Opium.—Witteuberg.

Yes. Opium.—Woodhall.

Yes. Opium.—Woods, Edgar.

Yes. Opium.—Woods, J. B.

Very common. First opium, second arsenic.—Wolfendale.

Yes. Opium.—Wolsey.

Yes. Opium.—Worth.

Yes. Opium.—Wyckoff.

Opium suicide is so common in Soochow that several native physicians and many quacks make a specialty of treating it, and many charitably inclined families keep emetic powders ready to give to any who may apply for them. There are also two or

three charitable institutions that furnish doctors to go any time, day or night, to treat, free of charge, opium suicides among the poor. One of these institutions from January 24th to July 23rd, 1898, treated one hundred and eleven cases of would-be opium suicides. Of these forty-seven were males and sixty-four were females; saved, forty-two males and fifty-two females. As this institution treats only a fraction of the attempted suicides in Soochow, I estimate the whole number for the year at about one thousand. Soochow is said to have from 300,000 to 500,000 inhabitants. For the purpose of this calculation let us take the higher number. This will give the percentage of attempted suicides as .002 %, with a death rate of 15 %. Now let us apply these rates to the 400,000,000 inhabitants of China, and we get 800,000 attempted suicides, with 120,000 deaths per year. Now suicides were common enough in China, I dare say, before the incoming of opium, but the introduction of this agent, which is easy to get, easy to take, and causes an easy death, has, I believe, more than doubled the number. If this is so, then 70,000 to 80,000 extra deaths are annually caused by opium, in addition to the awful ravages of opium smoking.*

A. Do opium smokers usually desire to get free of the habit?

B. Can they break themselves of it?

C. Are opium-cure morphia pills freely sold in your city?

A. Yes, if snch could be done without suffering. B. Some few have done so.—Anderson, J. A.

A. They profess to so desire. B. Have known a few cases that have really done so. C. Yes, *freely*.—Anderson, Peter.

A. As a rule, yes. B. No, with very few exceptions. C. Yes.—Atwood.

* A graduate of my Soochow Hospital Medical School, who has had for some years a good practice in Voo-sih, a city of 20,000 inhabitants, situated about 30 miles north-west of Soochow, writes me that there are quite a number of places in that city where they give out medicines for opium poisoning, and he has been to them and obtained statistics showing the number of cases they treated last year, and adding to them the number he treated himself the total is 350, which he thinks is about the number treated each year. If his figures are correct (and I believe they are) the estimate given above is far too small. I believe the *deaths* in the whole of China from opium poisoning (suicidal) number fully *two hundred thousand a year*.—W. H. P.

A. Do opium smokers usually desire to get free of the habit?

B. Can they break themselves of it?

C. Are opium-cure morphia pills freely sold in your city?

A. I never met an opium smoker who did not bewail his habit. B. No. C. I have heard so from the Chinese.—Bailie.

A. Yes. B. Some can, but the majority cannot break themselves of it. C. Yes.—Barchet.

A. Yes. B. Some have done so. C. Yes.—Beebe.

A. Many do. B. Some can and do. C. No.—Bixby.

A. Some are very anxious to be cured. B. No. C. I cannot say; many opium cures are advertised in our city, but I have not investigated them.—Brown.

A. A few no doubt do. B. A small percentage as far as I know. C. Very much too freely; this should be made illegal by the Chinese authorities.—Burge.

A. Some do, and I try to help only such usually. B. I know of a few cases that did. C. Only the wealthy can buy them here.—Cauright.

A. Confirmed habitues, yes. B. No. C. Yes.—Carleton.

A. No, except from fear of death, which is usually not strong. B. I have known cases, almost the only permanent cases. C. I find the Chinese all know about them. They use them as they do our medicines and take their opium along with them.—Collins.

A. No. B. Occasionally. C. Yes.—Coltman.

A. Yes. B. Very few. C. Yes, but the cure, in most cases, is worse than the disease.—Christie.

A. They often say yes, to-morrow, but, as all are willing to admit, liars are plentiful. B. It is possible, but examples are very rare. C. Yes.—Curwen.

A. Many do, but can't bring themselves to break it off. B. Rarely. C. I don't know of it.—Davenport.

A. Yes, but lack the courage to do so. B. Very few succeed without aid. C. Yes, and are chiefly consumed as substitutes for opium.—Douthwaite.

A. Depends largely on the duration of the habit. B. No. C. Very freely.—Fearn, J. B.

A. Generally. B. Rarely. C. Yes.—Fearn, A. W.

A. Often. B. No. C. Yes.—Gale.

A. Very often. B. Occasionally, but very seldom. C. Yes, in large quantities.—Gillison.

A. No. B. Seldom. C. Yes.—Gloss.

A. Yes. B. I have never known a case. C. Yes.—Goddard.

A. Yes. B. Yes, they can, but do not often do it. C. Yes.—Grant.

A. Yes. B. No, not without medicine, and with medicine only a small percentage. C. Yes.—Guinness.

A. I think the majority do. B. One in ten thousand, probably. C. No.—Hall.

A. Not usually, some do, a small proportion do. B. A very small proportion do. C. Yes.—Hare.

A. Yes, a large percentage. B. They can, but do not. C. Yes, freely.—Hart.

A. Yes! You incessantly hear, "oh! if this doctrine can stop the 'yin,' it is good." B. No!—Hewett.

A. Yes. B. With great difficulty. Very few have courage and resolution to carry out their desire. C. Yes.—Hickin.

A. A good many do. B. A few succeed, and many nearly. C. Yes.—Hogg.

A. They do. B. They can if the amount taken is not too great. C. They are not.—Hopkins.

A. Yes, frequently. Probably from financial rather than moral reasons. B. Yes, in some few cases. C. I don't know, in this place. In Hankow, many sold.—Huntley.

A. Five per cent wish to break. B. Yes, if they wish. C. Very freely.—Jellison.

C. They are sold, but I do not know to what extent.—Judd.

A. Very frequently. B. Sometimes. C. Unfortunately, yes; and hypodermic treatment common.—Kember.

A. Almost universally. B. Have met some who did. C. Much morphia in pills or powders sold here.—Kerr.

A. A large percentage so desire. B. Very rarely. C. Freely.—Kilborn.

A. Yes, especially if poor and feeling its bad effects. B. Have heard of one or two genuine cases. C. Yes, and morphia solutions, etc.—Kinnear.

A. No. B. Some can. C. Yes.—Learmonth.

A. Those I have met do not. B. I knew one who did. C. Yes.—Leonard.

A. Not for the habit's sake. B. An exceptional case has come to my notice. C. Yes.—Lowry.

A. Yes. B. No. C. Yes, and morphia powders.—Lyon.

A. Do opium smokers usually desire to get free of the habit?

B. Can they break themselves of it?

C. Are opium-cure morphia pills freely sold in your city?

A. Yes. B. Very few. C. Morphia powders are sold by Chinese agents of foreign chemists.—Lyall.

A. Yes, but entertain slight hopes of being cured and few try. B. Some can, a few have, but return to it again. C. Yes, a small red or yellow pill sold in Chinese drug stores.—Machle.

A. No. B. Occasionally. C. Yes.—Macklin.

A. Yes. B. Yes, many do. C. Yes.—McPhun.

A. Yes, if some one else could do the suffering for them. B. Yes—a man of sixty-five has just done so although a very heavy smoker for twenty years. C. Yes, I am sorry to say.—McCandliss.

A. Some do not, but as a rule they do. B. Very doubtful, have met a few cases said to have done so. C. Yes.—McCartney.

A. Yes. B. Yes. C. Yes.—Main.

A. At times, the greater number, if not all, wish to break off the habit. B. I know of only one case, and he for only three years. C. Very freely.—Masters.

A. They generally profess themselves willing to break it off if it can be done. B. Many have done so. C. No.—Morley.

A. They do. B. They say they cannot. C. Pills for cure of opium habit are much sought after.—Niles.

A. Yes. B. No. C. Very extensively.—Otte.

A. Yes. B. No. C. Yes.—Palmberg.

A. All so profess when questioned. B. Not as a rule, I know of one genuine case. C. Yes, and whenever I hear a man say he has quit smoking I invariably ask how many pills he takes, and in every instance it transpires that he is taking morphia pills. He imagines he has broken the opium habit when he has merely substituted morphia for opium, and become a morphine eater instead of an opium smoker*. This is not the only form in which morphia is

* At the Customs in Shanghai, I got these statistics of the import of morphia at Shanghai alone:

	Oz.	Value in Haikwan Taels.
1892	15,711	12,281
1893	26,793	32,462
1894	43,414	63,289
1895	64,043	76,886
1896	67,320	89,536
1897	68,170	112,796

The value of the morphine entering Shanghai in 1892 was \$18,790 Mexican currency; in 1897 it reached to \$172,578 Mexican currency. *It comes free of duty.* Immense quantities for South-China enter at Hongkong.

G. L. MASON.

used in Soochow. During the last few years the Hypodermic method has been introduced. Ghouls, with hypodermic syringes and morphia solutions up their sleeves, frequent the tea shops, giving injections at seven cash a piece. Their victims stand in a row and pass before them, each getting his allowance like coolies being vaccinated on an emigrant steamer. They never cleanse their syringes, and when their solutions give out they prepare a fresh supply, using dirty water found in the tea shop and mixing it in cups that have not been properly washed since the days of Yao and Shnn. No wonder then that every injection produces an induration and every induration later on an ulceration. The bicipital regions are the ones selected, and when they get full the injections are extended on to the wrist, and, when the whole of both arms are filled, they are carried on to the shoulders and chest. Many coolies are incapacitated for work and one death has been reported. This habit is not confined entirely to the lower classes, for I know of one wealthy lady who has for some time been taking these injections. The habit is also in vogue in Shanghai, though I do not know to what extent.—Park.

A. Yes. B. A few resolute minds, with light craving; some drink it off with "sam shu." C. Yes.—Parry.

A. If free, without entailing any suffering. B. Some do. C. Yes.—Patterson.

A. A few do. B. Very few can. C. I do not know.—Pavin.

A. Feebly, by spells. B. Yes (smokers, not eaters). C. We are in the country, do not know of their being sold in this region.—Peck.

A. Weakly so, yes. B. Not confirmed smokers, because will power is lost. C. I think so.—Polk.

A. Only when urged by kind friends. B. There are multitudes of occasional light smokers who break off; and others also. C. We do not hear of it in our region (in country with Dr. Peck).—Porter.

A. Smokers having plenty of money are, for the most part, content to keep on smoking, indifferent to consequences; but indigent smokers long to be free. B. No indeed. It seems to be just within the bounds of possibility that a man can or may free himself of the habit, but such an one is undoubtedly a "rara avis." C. Yes.—Randle.

A. *Do opium smokers usually desire to get free of the habit?*

B. *Can they break themselves of it?*

C. *Are opium-cure morphia pills freely sold in your city?*

A. Yes. B. I believe so, if they have sufficient will power. C. Yes, but in my experience they do not cure.—Rankine.

A. Many, about 80 %, wish to stop.

B. About 2 % can stop of themselves. C. Yes.—Rennie.

A. Yes. B. Very rarely. C. Yes.—Rigg.

A. Many do.—not all. B. No. C. To some extent.—Seymour.

A. In my short experience I have had several applicants. B. I believe not.—Smith.

A. A large number do, but percentage under 50. B. Yes—for a time at least. C. I do not know how *freely*. They are certainly sold.—Smyth.

A. Very many do. B. No. C. No.—Squibbs.

A. Sometimes. B. We have not met any who were able to do so. C. Yes.—Stone and Kahn.

A. Not often. B. If they really desire to do so. C. Yes.—Stuart.

A. Most of them do but cannot. B. Impossible. C. Very much so.—Su-voong.

A. In most cases, except some wealthy ones. B. Very seldom. C. No—"ash" pills are (opium pipe ashes).—Taylor, F. H.

A. Doubtful—friends desire it for them. B. Sometimes. C. Opium cures are sold freely; do not know the composition.—Taylor, G. Y.

A. Yes. B. Not very well. C. No.—Tsao.

A. Yes, Most of them say they want to stop smoking, but they are afraid to stop for fear they may be attacked by some disease, as dysentery, in doing it. B. No. C. Yes.—Vanderburgh.

A. They often do. B. In rare instances, they can. C. Yes.—Venable.

A. Not many are willing to suffer for it. B. Difficult. C. Yes.—Wagner.

A. Yes. B. No. C. Morphia pills are freely sold by native shops, ostensibly to break the habit; really to pander to it in a handy form.—Watson and Mrs. Watson.

A. Yes. B. Those who do are exceptions and are few in number. C. Freely.—Webster.

A. Except when poverty stares them in the face. B. Usually no, from lack of a proper motive. C. To some extent, but nothing compared to the Amoy region south of us.—Whitney.

A. Poverty, or threatening of it, drives many to try and get free.
B. Not in this province. C. Have never seen any.—Wilson.

A. They do, but their moral force is destroyed by the drug. B. I have seen one man who claimed to have done it. C. They are often seen here: also hypodermic syringes are used extensively.—Wilkinson.

A. Yes, most of them. B. Yes, but such cases are exceptional.
C. Yes.—Wittenberg.

A. Usually not till their money, is gone. B. Have not heard of anyone leaving off without help. C. They are sold. I do not know to what extent.—Woodhull.

A. No, except when they cannot afford it. B. Such cases are as scarce as hen's teeth. C. I think they are.—Woods, Edgar.

A. Yes. B. Very rarely. C. Yes.—Woods, J. B.

A. Yes, but with a dull, remorseful resignation. B. Have never heard of a case. C. Yes.—Wolfendale.

A. 50 % do, 50 % do not. B. Some cases, not generally. C. Yes.—Woolsey.

A. Many of them say so. B. Seldom. C. They are sold here, I do not know how freely.—Worth.

A. Yes. B. No. C. Yes.—Wyckoff.

If you run an Opium Refuge, do you cut off opium suddenly or gradually?

Suddenly:—Anderson (Peter), Barchet, Bixby, Christie, Curwen, Douthwaite, Gillison, Gloss, Goddard, Grant, Hare, Hart, Hickin, Hogg, Kahn, Kember, Kilborn, Learmonth, Lowry, Lyaall, Macklin, McPhun, McCaulliss, McCartney, Main, Morley, Otte, Park, Rankine, Smith, Smyth, Stone, Taylor, (G. Y.), Tsao, Wagner, Watson and Mrs. Watson, Whitney, Woodhull, Wolfendale and Woolsey.

Gradually:—Atwood, Beebe, Canright, Hall, Jellison, Judd, Logan, Machle, Masters, Peck, Porter, Rigg, Stuart, Suvoong, Taylor, (F. H.), Vanderburgh, Wilson, Wilkinson, Wittenberg, Woods (Edgar), Woods (J. B.) and Worth.

Both Methods:—Davenport, Fearn, A. W., Kinnear, Parry, Polk, Randle and Squibbs.

If opium is cut off suddenly, do the patients suffer? If so, give symptoms.

Have no refuge, but treat opium patients by sudden withdrawal of the drug. Many suffer—from gastralgia chiefly; also sleeplessness and the inevitable craving.—Anderson, Peter.

Patients suffer from intolerable itching, muscular twitchings, sneezing, nausea and vomiting, diarrhœa, utter prostration and sleeplessness.—Barchet.

Yes; diarrhœa, vomiting, sleeplessness, muscular pains, etc.—Beebe.

They do for about three days. Nausea, vomiting, diarrhœa, muscular pain and weakened heart.—Bixby.

Yes; diarrhœa, spermatorrhœa and collapse.—Coltman.

Yes; sleeplessness, severe gastric disturbance, diarrhœa, rheumatic pains, cough, etc.—Christie.

Yes; but variable—diarrhœa, restlessness, pains in limbs and great yearnings for the drug.—Curwen.

Yes; vomiting, diarrhœa, sleeplessness, aches and pains, sweating, palpitation, cough, excessive secretions, weakness and general discomfort.—Davenport.

As a rule;—depression, spermatorrhœa, sometimes diarrhœa; always intense restlessness.—Douthwaite.

Great nausea, diarrhœa, pain, exhaustion and sometimes mania.—Fearn, A. W.

Yes; they suffer much (most of them)—vomiting, aches, sleeplessness, etc.—Gillison.

Stop the drug at once and give hypodermic injections of strychnine and atropine. Suffering not great after second day.—Gloss.

Yes; for a short time. Disturbance in the digestive tract, pain in the bones, insomnia, etc.—Goddard.

Yes; to a greater or lesser extent. Vomiting, diarrhœa, weakness and spasmodic twitching.—Grant.

General catarrhal symptoms, running at eyes, nose, bowels; some abdominal pains, etc.—Hare.

Yes; sick stomach, severe pains throughout the body, diarrhœa and sleeplessness.—Hart.

The majority suffer—vomiting, diarrhœa, sleeplessness, and prostration.

Often. Chiefly diarrhœa and weakness, sleeplessness and malaise.—Hogg.

If broken suddenly. General collapse, and return of all symptoms that led to smoking.—Hopkins.

Yes; pain, sleeplessness, loss of appetite, diarrhœa, and craving for opium.—Jellison.

The suffering is of short duration, vomiting, sleeplessness and general wretchedness.—Kember.

Yes; profuse perspiration, muscular twitching, loss of appetite, diarrhœa, muscular pains—symptoms vary greatly in different patients and in same patient.—Kilborn.

Sometimes. Various pains (especially of the bowels), restlessness, sleeplessness, anorexia, etc.—Kinnear.

They suffer general malaise, and complain of pains all over, first in one place and then in another.—Learmonth.

To some extent. Usually vomiting, diarrhœa, general malaise, and loss of appetite.—Lowry.

Physical and nervous depression and exhaustion, varying in severity according to length of opium habit, amount of opium smoked and general condition of health. In many cases the depression is extreme for the first two or three days, and in all cases there is great misery and wretchedness, hard to describe, but real. They ache all over, suffer from nausea, (often vomiting), looseness of bowels or diarrhœa, seminal emissions, and sleeplessness, sometimes difficult to overcome. In five or six days these symptoms begin to decline. A low neurasthenic condition of the body may persist for months or years, manifested by nervous and muscular debility, aching of limbs, liability to attacks of illness, as diarrhœa and fever, on sudden changes in the weather. These after effects are perhaps one of the commonest reasons for return to the opium pipe. It is popularly believed that if a reformed opium smoker contracts an illness, death will be the result.—Lyall.

Even when opium is cut off gradually, the patients suffer from muscular pains and diarrhœa, and some from prostration.—Machle.

Some suffer very little and some severely—pains, vomiting, seminal emissions, and diarrhœa.—Macklin.

If opium is cut off suddenly do the patients suffer? If so, give symptoms.

Aching all over the body, and feeling of cold as if premonitory of cold.—McPhun.

Three or four sleepless nights, restlessness, can't stay long in one position or

place.—McCandliss.

Depends on the amount taken and length of time. Sleeplessness and deranged digestive organs.—Main.

Suffering the same as if broken gradually, only more aggravated.—Morley.

Diarrhœa, vomiting, insomnia, pain, depression, etc.—Niles.

Diarrhœa, sleeplessness and general misery.—Otte.

Coryza, yawning, restlessness, ill-defined longing, bone ache, "sour pains," (myalgia), loss of appetite, seminal emissions, nervous tremors, insomnia and diarrhœa.—Park.

Depends on the general condition of the patient and the earnestness of his craving. General aching and lassitude, diarrhœa and general feeling of misery.—Parry.

The symptoms of nausea, diarrhœa, pain, and sometimes almost of shock.—Polk.

Restlessness, wakefulness, yawning and stretching, and lachrymation. On second or third day, general distress shews itself by patient twisting and curling about, as if he could find no posture easy. Will often curl himself up in a kneeling attitude, beat his bed, etc. Diarrhœa, dysentery, cough, and some dyspnœa may all show themselves in different patients. Such will break any rule to get opium if they possibly can. These symptoms are much worse on the third or fourth day, after which they slowly become less marked. I consider dysentery the most unfortunate symptom produced, though not the most common. It generally, (if not, always), requires some independent treatment.—Randle.

All symptoms may or may not occur in the same case. General weakness, pains in the body, diarrhœa, spermatorrhœa, yawning and cough.—Rankine.

Pain in bowels and back, diarrhœa, no appetite, sleeplessness—all more severe when cut off suddenly.—Rigg.

Anorexia, diarrhœa, abdominal pain, insomnia and malaise.—Smyth.

Insomnia, malaise, restlessness, and fainting feeling from cardiac debility, or lack of stimulation.—Squibbs.

Not excessively.—Stone and Kahn.

Inability for work, lassitude, extreme depression and debility.—Taylor, F. H.

Vomiting, purging, insomnia, etc.—Tsao.

Great suffering for three days or so, diarrhœa, vomiting, insomnia and general nervous disturbance. Weak heart action.—Wagner.

Vomiting, purging, sleeplessness, spermatorrhœa and general malaise.—Watson and Mrs. Watson.

In many cases, extreme. Vomiting, insomnia, extreme languor, spermatorrhœa, pains, diarrhœa, anorexia—all for about five days.—Whitney.

Have had no cases of serious suffering among our 1000 patients. In our hospital we use chloral and potasium bromide for the first few days but have not used opium in any form. Most of the patients recovered without much difficulty, but after a month or two the craving returned, and they and their friends were too much discouraged to try it again. This was so in a large majority of our cases.—Woodhull.

If cut off suddenly, they always suffer—weakness, pains in limbs, anorexia, restlessness, and longing for opium.—Woods, J. B.

Patients necessarily suffer till “yin” is done with—sleeplessness, diarrhœa, nocturnal emissions, and stomach and nervous irritation.—Wolfendale.

Intense longing, extreme restlessness and wakefulness.—Woolsey.

A. Give percentage of smokers who began for some ailment.

B. Give percentage of your permanent cures of the opium habit.

C. What number, after being cured, have joined the Church?

A. Roughly about 90 %. B. Uncertain, probably one or perhaps two in ten. C. No statistics to show. There have been a few.—Anderson, Peter.

A. 30 %. B. Now 50 %. Three years ago not 25 %. C. In 1897 thirty out of one hundred and thirty.—Atwood.

A. About 25%. B. If in dead earnest to be cured, 90% will remain so; otherwise we find percentage reduced. C. Very few.—Barchet.

A. Give percentage of smokers who began for some ailment.

B. Give percentage of your permanent cures of the opium habit.

C. What number, after being cured, have joined the Church?

A. About one-fourth to one-third. C. Some have. Don't know how many.—Bixby.

A. Perhaps 80 %. B. 80 % or more. They seldom return to the habit. C. Six in three years.—Canright.

A. Nearly all I have seen.—Carleton.

A. Small—don't know per cent. B. Can't say—very few. C. Very few. Those who did relapsed.—Coltman.

A. Probably 10 %. B. I fear not more than 5 %. C. During fifteen years, about fifty have entered the church.—Christie.

A. More than half—about 60 %. B. Say 25 %. It is absolutely impossible to collect statistics that are reliable, owing to the fact that one cannot follow up one's patients. C. About three or four per cent.—Curwen.

A. I should say about 50 %. B. I cannot speak of permanent cures. C. I have only had one or two.—Davenport.

A. No statistics. B. About 10 %. C. Can't say—not many.—Douthwaite.

A. 90 %.—Fearn, A. W.

A. Cannot give a definite percentage. B. Perhaps 70 % are cured *pro tem*, but I should imagine that finally not quite 20 % are permanently cured. C. A few have joined.—Gillison.

A. All. B. One third.—Gloss.

A. 50 %. B. 10 %. C. 10 %.—Goddard.

A. About 40 %. B. 20 %?—perhaps less, hard to follow and for long years. C. Perhaps 1 %.—Grant.

A. In two hundred and fifty about 40 or 50 %. B. I cannot. C. A small percentage, Do not know exactly.—Hall.

A. About $33\frac{1}{3}$ %. B. 21 %. C. Last year five, which is 25 % of those treated.—Hart.

C. Very few. The danger of relapse is so great that we do not care to admit them into the church, and those who have been admitted have many of them relapsed.—Hickin.

A. Uncertain data. About half? B. Uncertain, most are from the country and can't be traced. C. A few.—Hogg.

A. About 50 %. B. 10 %? C. 10 %?—Hopkins.

A. 99 % say they began for illness. B. Have no means of knowing. C. Don't know of any.—Jellison.

A. 30 %. C. Quite a number.—Kember.

A. About 15 %. C. None.—Kilborn.

A. I imagine one-quarter to one-third. B. If converted; many remain faithful; if not, nearly all smoke again. C. Perhaps 10 %.—Kinnear.

A. I should say 50 %. C. Not more than ten.—Lowry.

A. It is true that many opium smokers say, when asked, that they commenced smoking for relief of ailments of various kinds, but I have long satisfied myself that, in many cases, there is no truth in this statement—it is merely given as an excuse in extenuation of the habit. There is, however, a percentage of cases where the drug has been self-prescribed for disease. In some forms of phthisis pulmonalis, especially that accompanied by frequent attacks of hemorrhage, opium smoking seems to act as a palliative and may possibly, in some cases, prolong life. A more numerous class, in my experience, is that of young men who have taken to the pipe to alleviate the evil effects of vicious habits, practiced in boyhood. At first, it is found to be palliative, but it is not curative, for, if given up, the complaint returns worse than ever. If continued, the evil effects of opium supervene, so that this class soon find themselves "afflicted with two diseases instead of one." In gastralgia, muscular aching, etc., the same remark applies. At first, some relief may be obtained, but soon the poor man finds, from bitter experience, that the remedy is worse than the disease. B. 20 % is a generous estimate. C. Few, very few.—Lyall.

A. About eight-tenths. B. About eight-tenths. C. Four.—Machle.

A. About 30 %. B. Most return to it in three or four years—about two out of ten do not. C. Very few.—McPhun.

C. Only one here.—McCandliss.

A. 40 %. B. Probably 10 %. C. One or two.—McCartney.

A. 30 %. C. Quite a number.—Main.

A. Probably about a third profess to have done so, but often it is a mere excuse. B. Very small, difficult to trace. C. Very few.—Morley.

A. The women whom I have known to smoke opium, usually began for some ailment.—Niles.

A. 79 %.—Otte.

A. 40 %. B. Perhaps 10 %. C. Two or three out of eight hundred.—Park.

- A. Give percentage of smokers who began for some ailment.
 B. Give percentage of your permanent cures of the opium habit.
 C. What number, after being cured, have joined the Church?

C. Very few, except those who were interested in the Gospel before breaking the habit—Parry.

A. A large majority of those outside of yamens and schools. Of the whole number of smokers, the vast majority, who are mostly among yamen runners and scholars, take to it for fun and sociability.—Peck.

A. They have all told me they did, usually for indigestion.—Polk.

A. I have collected no statistics on this point, but would consider that some ailment, real or fancied, would account for half the smokers especially among the humbler classes. Among the wealthy, I am inclined to think that a greater proportion take to the pipe as a social indulgence. B. Ah, me! that's very small. It is not possible to be absolutely sure. About 2% would cover all the permanent cures I think. Some cases are really entitled to be called permanent cures, so far as the necessity to smoke again is concerned; but some such, under no physical necessity to take opium again, nevertheless do so, under the pressure of new temptations.—Randle.

C. Two.—Rankine.

A. Quite one half. B. Ten per cent. C. Some thirty or so.—Rigg.

A. 90%. B. Impossible to say. I know of one case of three years' abstinence.—Smyth.

A. One hundred per cent of the cases that have come under our care. B. All permanent, so far as we know. C. One.—Stone and Kahn.

A. About half. B. Have met with none permanently cured.—Suvoong.

A. About 50%. B. 90%. C. 80%, or more.—Taylor, F. H.

A. About all say that illness is the reason. B. I have no direct and sure proof that any of them have been permanently cured.—Vanderburgh.

A. About thirty per cent. B. About ten per cent. C. Two or three per cent.—Tsao.

A. Nearly all say they began for some ailment. B. Really permanent, not more than five in ten. C. Some have—cannot give a percentage.—Watson and Mrs Watson.

A. From one-third to one-half. B. Very difficult, but estimated one-third remained cured. C. Not more than one per cent, probably.—Whitney.

A. Nine-tenths claim to begin because of disease. C. In my own experience, none.—Wilkinson.

A. About two-thirds. C. Some have been useful members of our church for several years, and some have joined other churches.—Woodhull.

A. Difficult to state—a large per cent. B. Very small—probably five to ten per cent.—Woods, J. B.

A. Ninety per cent. Recommended by Chinese doctors. B. Nine-tenths. C. None yet, but several are attending Sunday services and inquirers' class.—Wolfendale.

A. Sixty per cent. B. Ninety per cent, at time of leaving the Hospital, are put down as cured. Ninety per cent of these have again contracted the habit. C. Three or four per cent, but most of these have known the doctrine previously; in fact, they take the cure in order to join the church.—Woolsey.

Can you give any estimate of the area under cultivation of the poppy in your part of China, and the average out-turn of opium?

In some parts of Yun-nan, about one-third of the land seemed under opium cultivation *during the season* (note that this does not mean that one-third of the crops was opium). Around Tai-chow, I think one-fourth would be nearer right.—Anderson, J. A.

None (Tainanfu, Formosa).—Anderson, Peter.

The best irrigated land is all given over to it (Shantung and Shansi).—Atwood.

Area under cultivation of the poppy is increasing, but is insufficient for the local market. Most of the opium sold here (Kinhwa, Chekiang) comes from Taichow.—Barchet.

Area under cultivation of poppy is increasing (Kit-yang, 70 miles west of Swatow). From one district (i.e. county), it is said that \$20,000 worth is exported annually.—Bixby.

A very small proportion, but is on the increase (Wei-Hien, Shantung).—Brown.

As far as I know there is but little grown within many miles of this city (Shanghai).—Burge.

Travelling through the country now, one sees opium growing wherever it can be grown (Sze-chuen).—Canright.

Can you give any estimate of the area under cultivation of the poppy in your part of China, and the average out-turn of opium?

Not large. There are sections, but cultivation is not general (Ichang).—Collins.

The area under cultivation has more than doubled during the past year or two. Taxes were collected in Monkden for six hundred thousand ounces last year. Not more than 5 % of the drug used is Indian.—Christie.

The poppy is not cultivated in the neighbourhood of Peking.—Curwen.

The area varies yearly. The crude drug produced in the Shantung Province is said to amount to thirty thousand piculs per annum; but I have no means of proving the truth of this.—Donthwaite.

There is none (Changshu, near Soochow).—Fearn, J. B.

Small area, but increasing each year (Foochow).—Goddard.

Amount small (Ningpo).—Grant.

I gather that the area under cultivation varies in different parts of this province (Honan) from two-tenths to five-tenths.—Ginness.

Area is increasing yearly (Shansi Province).—Hall.

Fully one-third I should think; cannot guess at the amount of opium (Chentu).—Hare.

Not at present, but I know the area under cultivation and output is increasing (Wnhu).—Hart.

In Mongolia, quite extensively cultivated, as opium is the currency of that section. In this section (Chihli) there is not much grown.—Hopkins.

About 20 % of ground cultivated (Shensi and Hnpeh).—Huntley.

Nankin 1 %, Cheicheo 50 %.—Jellison.

Little or no opium cultivated in Kwangtung.—Kerr.

Area from one-eighth to one-half of the whole during one of the two crop seasons (Szechuan province).—Kilborn.

Very small about Foochow.—Kinnear.

Very little. Of late years it is being increasingly grown. The small amount of opium produced is sold locally to the opium shops for the purpose of mixing with Indian opium (Swatow).—Lyll.

I have seen but a few acres under cultivation in Kwangtung. There are more in the southern part of Hainan, how many I cannot say.—Machle.

Grown considerably (Nankin).—Macklin.

None (Hoihow).—McPhun.

One half of the hill sides, and dry fields probably three-fourths (Chungking).—McCartney.

The farmers tell me it requires too much care and skill to cultivate it. I notice, however, that more of the farmers are attempting to cultivate it around Foochow than there were six years ago. They tell me the out turn of the crop is poor.—Masters.

Cannot state, further than to say that we are in the opium belt and therefore in the midst of the trade (Chu-chow Fu, Kiangsu Province).—Moore.

None practically (Tehan Fu, Hupeh).—Morley.

I cannot, but it is on the increase (Amoy region).—Otte.

None grown around Soochow.—Park.

The eight districts of north Kiangsu pay Customs duty on 700,000 foreign pounds yearly.—Patterson.

Speaking for Tung-chiang Fu, area of cultivation very small.—Peck.

The steady lowering of cost shows it to be increasing in extent. No means of ascertaining the output. The gain is great and easily excites the cupidity of the farmers (Shantung and Chihli).—Porter.

Said to be less than .05 % of area of land under cultivation ; that is, there are not more than five acres in ten thousand that are used for the cultivation of the poppy (Shantung).—Randle.

A small area, which I have not seen, is under cultivation (Ichang).—Rankine.

Impossible. Certainly the area of cultivation is increasing (Foochow).—Rennie.

Area small (Tengchow Fu).—Seymour.

In this particular region (Niencheo) area small comparatively (5 to 10 %), but from Chungking to Chentu 300 to 350 miles, more than half the land is under poppy cultivation in the season.—Squibbs.

It is not cultivated here, but report says the cultivation is being introduced (Kiukiang).—Stone and Kahn.

Varies much ; perhaps in all Honan 5 %.—Taylor, F. H.

Very little produced in this prefecture (Paoting Fu), I think.—Taylor, G. Y.

There is none raised here in Hainan. the people tell me.—Vauderburgh.

Can you give any estimate of the area under cultivation of the poppy in your part of China, and the average out-turn of opium?

Not large (Kalgan).—Wagner.

Cannot give an estimate, but its cultivation is rapidly increasing in this part of Shantung. When we first came there

was practically none grown in this district; now we see it on every hand.—Watson and Mrs. Watson.

75 % of the cultivated land is devoted to opium cultivation, the rice crops following those of opium. Kwic-chau customs returns may be reckoned at Tls. 400,000 per annum on the opium crop (West China).—Webster.

No, but the area, according to the native testimony, increases yearly (Shansi).—Wilson.

In this section, small, yet most farmers cultivate half to several Chinese acres (Tsing-kiang-pu).—Woods, J. B.

The opium habit enthralles over 80 % of the Szechuanese. A most alarming fact for us here to face is that the growth of the poppy is on the increase, crowding out life sustaining grains, etc. Opium dens, although yet illegal, are found in every street. All along the Yang-tse Upper River banks, one sees long sandy reaches, borrowed from the low water, given over to this most pernicious weed. The crop is gathered in March, then other things are sown. Sometimes one sees *acres* of land like a poppy forest, here in Szechuan. The poppy is probably grown in the whole of the Szechuen and Yunnan provinces.

AVERAGE OUT-TURN OF OPIUM IN SZECHUAN AND YUNNAN.

Returns for 1897-1896.

	1897.		1896.	
	Quantity.	Value.	Quantity.	Value.
Szechuan.....	1,252,266	£327,153	936,667	£234,155
Yunnan	172,533	54,093	138,267	41,507
Gross	22,000	2,797	14,533	2,145

Consular Report for 1898 not yet to hand.—Wolfendale.

Two-fifths to three-fifths of the Province of Szechuan.—Woolsey.

Have you any other remarks to make in regard to opium smoking among the Chinese?

Opium, whether as smoked or eaten, is a terrible curse upon China. From a previous experience in Szechuan and Yunnan, lasting two years and giving excellent opportunities for judging,

I believe opium smoking to be ruinous to Chinese who become addicted to it. It undermines the constitution and weakens the physical powers, rendering men of the coolie class unable to stand prolonged strain such as is required by long over land journeys.—Anderson, J. A.

If the Japanese do their duty, opium smoking in Formosa will soon be a thing of the past.—Anderson, Peter.

It is only evil, and that continually.—Atwood.

Next to idolatry, the wide spread habit of opium smoking is, in my opinion, the greatest barrier in the way of the moral and material progress of the Chinese nation. Chinese doctors are expensive, so the majority of the people try to do without them, and resort to the opium pipe for every little ache and pain. Very many smokers trace the beginning of the habit to a whiff or two taken for the relief of a slight colic or diarrhoea. The drug is always at hand. That fact, I think, accounts partly for the prevalence of opium suicide among women. If it were harder to obtain, their tempers would cool before the time necessary for procuring it could elapse. I have had some few opium smokers in my employ as house servants and have found them untrustworthy, willing to lay hands on any trifle that could be turned to account to lessen the ever-increasing debt at the opium shop. When the longing came upon them, work would be left in the middle, and there was a mad rush for the opium den. I have always discharged them as soon as I possibly could. The Chinese as a unit bewail the introduction of the poppy into the country. I have yet to hear a word in favor of this narcotic drug.—Bailie.

Only young people who are inclined to smoke have a word in favor of opium. Opium in our district is largely adulterated, for better or for worse!—Barchet.

I think that in forcing opium on the Chinese, we did them the greatest wrong we could possibly have done, and that we *owe* it to them to do all in our power to counteract the evil.—Brown.

That if foreigners were to stop the importation of opium, the natives would make up the deficiency, and more, by increased growth of the poppy. The large profit on the drug would sink all their previous objections to its importation.—Burge.

It is a terrible curse.—Canright.

It induces a state of torpitude peculiarly tempting to a people who love to rest and hate to work—who work only from necessity.

Have you any other remarks to make in regard to opium smoking among the Chinese?

It seems to me the only, or greatest enjoyment they have in life. There is nothing to keep them from its use. The only solution is to take it away from

them and give Christianity a chance to lift them to a plane where other and spiritual joy will take the place of the sensual enjoyment for which they live—the only enjoyment of which they now have any knowledge.—Collins.

I scarcely ever use any form of opium in my practice for any disease, as I fear the “yin.”—Coltman.

My opinion is that the evils arising from the abuse of opium in China can hardly be overstated. It is sucking out the life and energy of this great nation.—Christie.

As far as I know, the officials and their attendants are the worst smokers. The fact that hundreds come to our hospitals, paying fees to get cured of the habit, to my mind is a proof of its injuriousness, the impossibility of self-breaking it off and of the habit being worse than drinking.—Davenport.

I doubt the use of legislation outside China for limiting the consumption of opium. It can only be done by long and continuous agitation among the people, till they are roused to demand action on the part of their own officials.—Douthwaite.

[The question is not so much whether outside legislation will do any good, but whether England is doing her duty so long as she neglects such legislation. One of the avowed purposes of the Chinese in growing the poppy is to drive out foreign opium, and thus keep their money in their own country. Not until foreign importation is stopped can our words rousing them to action have any effect. They would not credit us with disinterested motives, but would think we wanted them to stop growing the poppy that Foreigners might rehabilitate their declining opium trade.—W. H. P.]

With reference to children smoking:—In one wealthy family, where every member smoked, a boy of twelve years was allowed \$1.00 a day for his opium only. Three or four times in three years, were babies under two years brought to the Hospital who had crawled to their father's opium pot and eaten sufficient to cause their death.—Fearn, A. W.

About six years ago I became acquainted with a Chinese family of means, the father being an English subject. A beautiful, healthy,

daughter of fifteen or sixteen years of age was married to a young man in a wealthy family. There were a father and six brothers. All were habitual opium smokers. The young groom pale, emaciated, with indigestion and insomnia, came for treatment, but soon wearied of the effort at a cure of his bad habit. The youngest brother, six years' old, died shortly, a withered little old man. In a short time the pretty, healthy young bride joined in the daily opium debauch. In the Hospital with which I was connected there was at one time, under treatment, a mother and daughter, of sixteen, for the cure of the opium habit. After a week's treatment the daughter ran away. The mother remained until cured, but on going home shortly relapsed. Her excuse was that she could not resist the constant sight and odor of opium in her home.—Gale.

Opium smoking is one of China's greatest curses.—Gillison.

They say the *opium dens* here (Honan) are numberless. The poorest beggars somehow manage to get opium to smoke! The effect of the drug is wholly disastrous.—Guinness.

We see the effects of opium on many up here—this district being such a great one for the production of the drug. It is very pitiful, indeed, to have some of my patients condemn it by showing their bony extremities and then say: "If it were not for the opium we would have plenty of wheat to eat and would not be starving."—Grier.

An estimate, by the people themselves, of 8 persons in 10, over 10 years, as being users of the drug; a daily witness to the poverty and degradation it brings; homes broken up, children and wives sold to secure the drug; poverty, poverty, everywhere. It is *my* opinion that *opium* is the greatest obstacle to the advance of the Cross in Shansi.—Hall.

In this city of less than 100,000 people, there are 700 families making their living by boiling opium for sale.—Hare.

Robbers and pirates are increasing in various parts of this province, due to the poverty of the people. The poverty in many places is due to the increased area of poppy and decreased area of rice under cultivation.—Hart.

Most certainly a widely prevalent, degrading, vicious habit.—Hogg.

My experience with them has been so unsatisfactory that I now do not treat that class of patients. The most of those who come to be treated wish to be cured that they might begin anew. My method is to give them a prescription and let them work out their own *Salvation*.—Hopkins.

Have you any other remarks to make in regard to opium smoking among the Chinese?

It is the fetter that binds China to her idolatry and to all her other sins. It dulls her intellect, so that she cannot think about her awful condition. It

deadens her soul, so that she cannot feel the influence of God's love. It *destroys* her love and honor and manhood. It is *China's curse*.—Keller.

The majority of people at home, whether Christian or Philanthropic merely, have no idea of the enormity of this curse, and every means should be used to continue laying the facts before them, that if possible the public conscience and heart may be touched.—Kember.

Opium is a most awful curse in this province of Szechuan: It is degrading and impoverishing at a fearful rate this already impoverished and oppressed people.—Kilborn.

The Chinese universally recognize in opium the curse of their country and much of their prejudice against foreigners is attributed to their having brought it here. Opium is responsible for many crimes against life and property here, and "Opium Devils" are looked upon with suspicion.

The testimony given before the Opium Commission can be accounted for in three ways.

1st. The effects upon Indian subjects are very different from those upon the Chinese (or they die too soon to show the effects we see).

2nd. The foreigners only see the cases in which the effects are not marked. As soon as their opium using servants or clerks become inefficient, they are discharged and their employers lose sight of them. At the same time it is admitted that if a man uses a little opium, is well fed and has light work, he may show but little effect for years. In case of sickness, even such a case will show less recuperative power than a non-user in the same circumstances.

3rd. One can account for it by supposing a predisposition to be blind to the bad effects on account of the trade.

It seems to me that our most difficult problem will soon be how to meet the increasing imports of morphine and pills, which both foreign and Chinese druggists are selling in immense and increasing quantities. It is mostly sold as an opium cure to those who wish to be rid of the smoking habit, and the demand proves that the Chinese in large numbers wish to be rid of the habit. It has been

considered a meritorious thing, even by missionaries, to sell medicines for the cure of the habit, and natives who sell western medicines have been encouraged in this sort of thing, have bought and are still buying morphine through foreigners. Of course the Chinese and the foreign drug stores are one in pushing the line of trade that pays best. So it has come about that thousands of Chinese are now using morphine solutions and pills instead of smoking, and will tell you that they were cured by the foreign medicines, tho' they are still taking the medicine. Most of them are honest in supposing they are cured of the habit. Have known of hundreds of men using morphine in this way to stop smoking, but have only found one or two cases that had stopped taking the "Foreign Medicine" when they were outside of the hospital and free to get more when the craving came on.

The medicine is much cheaper than the pipe, so is looked upon with favor. If my father were an opium user, I would not trust him to break off the habit by using the pills or morphine at his own discretion. I am using the tract on the subject wherever I can.

Instances of girls sold as slaves or to procuresses, of boys and wives sold to raise money for opium, of a boy killed for the same purpose, have come under my observation and are happening now and then, but I haven't the particulars of any individual case at hand to send.—Kinnear.

The evil results of opium are not visible to a casual observer, because the worst victims are not to be seen on the street.—Learmonth.

With rich people the drug gradually breaks the constitution and injures them for all kinds of work, and it finally kills. The poor are injured physically and, in addition, they cannot buy both opium and food, so they chronically starve. Some sell their wives and children to buy opium, children lose the chance of education, and in all cases it does harm, and men who say differently must have an axe to grind. Rich people, business people, officials, neglect work and are usually ruined.—Macklin.

Stop it.—McPhun.

I think it the judgment of God on a dishonest race. Even business honesty is the exception. There seem to be few of them but what will tell a lie quicker than the truth, and believe a lie quicker than the truth.—McCandliss.

Have you any other remarks to make in regard to opium smoking among the Chinese?

It is increasing to an alarming extent. An opium smoker taken with any bowel trouble, remittent fever, or typhoid fever, will die nine times out of ten in spite of

all one can do. The mortality among them is very high from any trouble. They cannot stand pain.—McCartney.

It is an unmitigated curse and one of the greatest hindrances there is to the advancement of Mission work.—Main.

It causes untold misery not only to the smoker but to his family. He becomes dishonest and utterly incapable of providing for those dependent upon him.—Palmborg.

Opium is daily strengthening its hold upon the Chinese people and whatever is done to loosen its grasp should be done quickly. Every town and village, even down to the smallest country hamlet, has its opium dens and the business is always good. It was a common saying in Shanghai, last Summer, that every business was bad except the opium business. Other business may come and other business may go, but the opium business goes on forever. Shall it go on forever?—Park.

It is difficult to find husbands for the girls here, because so many young men are forming the habit of opium smoking. The natives make it one cause of famine by lessening the area cultivated in grain. Opium smokers as a class are exceedingly difficult and trying to deal with in the propagation of Christianity.—Patterson.

[I was told the other day by a wealthy Shanghai silk merchant, himself an opium smoker, that no Chinese father would knowingly betroth his daughter to an opium smoker.—W. H. P.]

The amount smoked comes near to Sir Robert Hart's estimate, 1-3 mace per diem. Many smoke but twenty-five real cash worth per day. This amount can be sustained for thirty years without absolute bodily injury, but character and influence are undermined, or greatly limited, especially so among the literary and official classes. The magistrates are the worst offenders.—Porter.

In reflecting upon the unrighteousness of the trade, it should be remembered by those who condemn the traffic that the foreign merchant imports opium into China under the trade name of "foreign medicine," and not "foreign smoke," which the Chinese themselves have made it and by which they call it throughout the country.—Randle.

[The foreign merchant knows well enough the purpose for which he is importing the drug, call it what he may.—W. H. P.]

Opium is taken largely (1) for haemoptysis, dyspepsia and diarrhoea; (2) in times of anxiety; (3) for pleasure. I consider it, next to the *idolatry* and materialism of the Chinese the greatest curse of this country.—Rankine.

I certainly look upon it as the most pernicious habit.—Rennie.

It is harmful, and so considered by every body. I never heard another opinion and can only account for any one having another opinion by assuming they look on the Chinese as mere animals condemned to a slavish existence, the painfulness of which is dulled by opium.—Rigg.

I regard opium smoking as a great curse to this people, both as individuals and as a nation.—Seymour.

I and my fellow medical missionaries, as a rule, only deal with opium smokers of the lowest and lower middle classes of Chinese Society—people who cannot, while taking opium, buy nourishing food. It would be an obvious fallacy to draw conclusions as to the effect of the opium habit *generally* from the observed effect on such people. I therefore suggest guarded language in the report.—Smyth.

[In Soochow (and I am sure the same is true of missionary doctors in many other places) I see proportionately as many of the wealthiest as I do of the lowest and lower middle classes, and it is my observation that the two extremes suffer most. The very wealthy have the two requisites for becoming excessive smokers, namely, plenty of money and plenty of time, and many of them become abject slaves to the habit. I know personally numbers of men and some women who smoke nearly all night and do not get up as a rule until sometime in the afternoon. No language on earth contains words strong enough to describe the evils of opium smoking in China.—W. H. P.]

I wish it might cease to-day, and pray for deliverance of the nation from this, not the lightest, of their many heavy burdens.—Squibb.

We think that every effort should be made to combat the common use of opium both by moral suasion and by legal enactment.—Stone and Kahn.

Dysentery and diarrhoea are generally fatal to opium smokers. Opium is a moral poison also and thereby largely responsible for the decay of the empire.—Suvoong.

Have you any other remarks to make in regard to opium smoking among the Chinese?

Unless converted, victims are practically incurable, i.e., cures don't last. Moral fibre is gone, especially in old (or bad) cases.—Taylor, H.

I have noticed the deathly pale skin, and the lack of hæmoglobin in the blood, and the dysentery with bloody movements, and the difficulty in healing such cases.—Vanderburgh.

To uphold the opium traffic, and therefore the habit of smoking, demonstrates either a wilful closing of the eyes to facts or a woeful ignorance of its devastations. My testimony is that it destroys health, corrupts morals, induces to poverty and is a gigantic obstacle to Gospel progress.—Webster.

Dr. Osgood, 1870–1880, after ten years' experience here, regarded it as "An Unmitigated Curse." Fifteen years ago I stated in my "Opium Refuge Report" that I considered it the greatest blight that had ever come upon this nation, and I have had no reason to change my mind since that time. It is sapping the vitality of this country intellectually, physically, morally, socially, financially, generatively, and, worst of all, it practically shuts the door to the attainment of spiritual life.—Whitney.

A man has treated his friend properly only when he has invited him to smoke opium, if he desires to offer the greatest politeness. I have found that my treatment for the whiskey habit is very helpful to those here who are being broken from the opium habit.—Wilkinson.

I regard it as a sore evil—the cause of the greater part of the suffering from need of the necessities of life. The people about us can live comfortably, have enough to eat and clothes suitable, unless they smoke opium or gamble—the two vices generally go together. I think no one could say that opium smoking was not injurious unless he wished to make money by selling it and cared not for the good of his fellow men.—Woodhull.

I believe it to be ruinous to the natives, and opium will get the better of a man no matter where he lives under heaven. It is China's greatest, growing curse. One need only to ask the natives themselves to get the right answer.—Woods, Edgar.

One of the greatest curses of China, sapping her life's energy. Only the willingly blind cannot see.—Woods, J. B.

PART II.

Essays and Letters.

Opium in China.

By J. G. Kerr, M.D.

(44 Years in China).

Among the sights of interest to a visitor in Macao will be the establishment for preparing opium for smoking. This is farmed to a Chinese company, which pays the Portuguese government the sum of \$130,000 per annum for the monopoly.

Preparation of the opium extract. About one hundred hands are employed, and 100 balls (=300 lbs) of opium are converted daily into the smoking extract. This is done by boiling, filtering, mixing and evaporating, all of which requires the constant attention of skilled workmen during parts of two days. Copper pans and earthen furnaces are used and the boiling and evaporating are done over charcoal fires. Two and one-half balls (=7½ lbs) are treated in each pan. On the second day it is brought to the consistence of thick syrup, and is what pharmacutists call a watery extract of opium, and contains all the active principles of the drug.

For exportation : It is put up in tight copper boxes, each of which contains 6¼ oz., and these are packed in wooden boxes (50 in each) for export to California and Australia, reserving what is required for local use.

There is a similar establishment in Hongkong, which pays this British Colony a large sum for the monopoly.

In China the preparation of the smoking extract is done on a smaller scale, by shops or individuals dealing in the drug, and, as might be expected, much of it is adulterated.

The evil effects of the opium habit on the individual, on families and on society, have been described over and over again, and I need not repeat what is familiar to all who have studied the subject. Having lived many years in a large hospital, I will confine myself to facts and observations which are familiar to me.

After a few years of indulgence the opium habit leaves its mark on the victim. The natural yellow or olive complexion of the Chinese *Characteris-* skin assumes a dull sallow shade, which is characteristic, *tic mark.* and can scarcely be mistaken by one familiar with it. It shows that the poison has permeated the ultimate fibres of the skin, changing the healthy action of the blood-vessels and nerves so as to bring about this morbid discoloration. It is also evidence that the poison has permeated every tissue of the internal organs of the body, leaving its baneful effects on the functions of the brain, nerves, blood-vessels, digestive organs and muscles, and bringing about finally the ruin of body and mind which we find in the confirmed smoker.

All opium smokers are conscious of the injury the habit does them physically and financially, and are anxious to get rid of it. The *All smokers* thousands of "cures" for sale all over the country are *anxious to* evidence of this. I have never met a victim who, *be cured.* when asked, did not express a desire to be cured, but they are kept from making the attempt or, if made, from persevering in it by the fear of the torture which they know will seize every nerve on the withdrawal of the daily indulgence. I have asked smokers to write essays in defence of the habit, but none would undertake the impossible task. The Rev. Arnold Foster (of Hankow) asked a native scholar for facts in native writings on the other side, but his terse and conclusive answer was, "There is no other side;" and if a vote was taken throughout China a universal affirmative would be given to this statement. The victims themselves condemn it as wrong and know too well its sad consequences.

In dispensary practice many cases of disease are seen which are incurable—some partly, and others in a great measure because opium *Opium neu-* has so disordered the functions, and deadened the *tralizes the* sensibilities of the tissues, that they will not respond *action of* to the influence of medicines necessary to cure the *medicines.* existing disease. This is one of the lamentable effects of the habit which is sure to come in the lifetime of every smoker, and is one of the chief causes of shortening life.

Among the Chinese the ruin wrought in the physical nature of man and the damage to his worldly prospects are the only things considered in their condemnation of the opium habit. *Effects on the moral and spiritual nature.* But we, who possess the wisdom revealed in God's Word, know that the spiritual nature of man is infinitely more important, inasmuch as it is immortal, and the consequences of evil habits contracted in this life are eternal.

Now, missionaries in China, almost by universal consent, exclude opium smokers from Church membership; and why? 1st, Because opium vitiates and debases the moral sense. Purity, truthfulness and uprightness are not characteristics of a slave to opium. Deprive him of his accustomed daily allowance of the drug and his craving for it overrules all considerations of morality and religion. His obligations to parents, wife and children are as nothing, and, when reduced to the last extremity, hunger for food must yield to the craving for the pipe.

2nd, The degradation of the moral nature renders it impossible for the spiritual nature of man to rise above the corruptions inherent in human nature and he cannot therefore rise in the scale of being as every one must who sincerely takes upon himself the vows of a holy God.

Had the Royal Commission taken into consideration this aspect of the question and given due regard to the effects of opium on the immortal part of man, the condemnation of the opium trade and of the habit would have been unanimous and in the strongest terms, and the British nation would have swept them from every part of the world where her flag holds sway.

England restricts sale of opium at home and encourages it in India and China. It is a remarkable contradiction that in some parts of the British dominions opium should be sold as a poison, under rigid restrictions and penalties, while in other parts (India, Singapore, Hongkong, etc.) it is sold without any restrictions on account of its nature as a poison, but only with such regulations as will secure the highest revenue.

Incidentally, thousands of deaths in China occur from the prevalence of the opium habit. The facility with which opium can be obtained makes it the means used by most persons who commit suicide. Every medical missionary meets with numerous cases where life has been ended and with others where the attempt has been made by taking opium. For this

reason, if for no other, the sale of the drug should be discouraged by every means possible, both moral and legal.

In China, when an end is put to the opium trade and to the pernicious practice of smoking, there will be great rejoicing among parents, patriotic officials and good citizens, as well as among Christian and benevolent people in all lands. God grant that time may soon come.

The Evils of Opium Smoking.

By R. H. Graves, M.D.

(42 Years in China).

A residence of over 40 years in China, during part of which time I had a dispensary and saw thousands of Chinese patients in a year, has given me a right to have a definite opinion on the evils of opium smoking. These years of observation have led me to the conviction that the use of opium among the Chinese is a great and crying evil. Its evil effects are seen in many directions.

(1). *As to its hereditary effects.* These tend without doubt to the moral and physical deterioration and extinction of the family. Mr. Gideon Nye, for many years a resident in China, and a man well known among the mercantile community, told me that he had watched the effects of opium smoking on the families of the Hong merchants and those identified with early foreign intercourse with China and found that the families of those men, known for their wealth and influence, had almost all died out or were so reduced as to be physical wrecks and living in an impoverished condition. Opium saps the vigor and energy of those who have the leisure and the means to indulge in the continued use of the drug.

(2). *Its deleterious effects are not always immediate, but in the long run they are always serious.* I have seen athletes and men engaged in hard work who seem to use it with comparative impunity for some time. The poison is probably partially eliminated through the skin in perspiration. Then there are some men who seem to suffer little from it; as there are some who can take large quantities of alcohol without intoxication. But these are exceptions. The dose must usually be increased to keep up the temporary excitement which is the charm that seduces the opium smoker. The tendency

of opium is to check the secretions, and even those who claim that it harms them but little suffer physically. I had a patient who acknowledged that his bowels were moved but once a month and then he had to give up everything and lie by for two or three days. To have the bowels moved but once in ten or twelve days is no uncommon thing with those addicted to the use of opium. Of course this is not health, though the man may continue to vegetate for some years.

(3). *Opium is responsible for the death of many suicides.* Of course a man or woman who determines to commit suicide may do so in many ways. But opium affords such a convenient and painless way of "shuffling off this mortal coil" that it is a great temptation in the way of those easily offended, or too weak to bear up under suffering or reproach. The temptation to end "life's fitful fever" in painless sleep and in a stealthy and speedy manner appeals frequently to Chinese women.

(4). *The economical aspect of the question is a serious one.* I will not dwell on the impoverishment of a country by leading men who injure trade by using their means for debasing personal gratification, instead of providing the decencies and comforts of life for their families. There can be no doubt that the opium trade is a short-sighted commercial transaction. This fact may take years to manifest itself. But I mean the present effects on the family. Just as the craving for drink will make a man sacrifice the happiness and lives of his wife and children to appease his morbid thirst, so the craving for opium leads many a man to starve and even sell his wife and children in order to satisfy his unquenchable desire for the drug. The time lost to active production in the community is a greater loss than that lost through drink. The drunkard pours his glass down his throat in a minute and, unless he goes on a debauch, he is able to go to his work, while the opium sot must have much time over his pipe and the succeeding sleep. Loss of employment, poverty, suffering and disgrace follow the pipe as surely as they do the drunkard's cup. Wife and children reduced to rags and beggary, personal filth and hunger, fail to have any effect on the sodden, stupefied mind of the opium sot.

(5). *The moral results of opium smoking are sad enough.* The Chinese say the drug helps them to plot and scheme and devise lies. Hence it is used so much in the yamêns. Also that the

immediate effect is to give them a spurt for active exertion and enable them to do without food for a time. There is no doubt of the fact that the word of a man addicted to opium can never be trusted. As whiskey excites a man to anger, so opium excites him to lying. He is never straight-forward and open. He often feels he is in a vise and cannot escape. He is apt to give up all hope and sink into imbecility and stupor. The insidiousness of the drug is greater than that of alcoholic stimulants. It stealthily and gradually fastens its chain around a man until there is no hope of release. Nothing but the almighty grace of God can save him.

The Opium Habit.

By Robert C. Beebe, M.D.

Physicians in every part of the world are pretty well agreed as to the physiological action of opium. In small, moderate and large doses, it is known to affect men in certain fairly definite ways. It is generally recognized that small doses are followed by a stage of stimulation, succeeded by a period of depression, and that by again resorting to the drug this feeling of depression is dissipated and the feeling of well-being is again restored. It is also known that a habit is in this way easily formed and that to secure the feeling of well-being the dose must be gradually increased.

By physicians in practice, by those who have devoted their time to experiment and study of the action of drugs, the above has been verified and incorporated into the standard works on medicine by those who prepare the literature of the profession. Among the physicians outside of China, it has been found that with those addicted to the habit of taking opium "the nervous system suffers, the mental powers become enfeebled, the moral faculties perverted, and there is inability to distinguish between right and wrong." (Brunton's Pharmacology).

The foregoing has been found by abundant observation, extending over the whole of China, by physicians familiar with the Chinese language, to be true of the habit among the Chinese.

Strange as it may appear there are to be found those, and among them a few physicians, who in the face of all the experience, obser-

vation and testimony of the profession in China and other lands, will maintain that the opium habit is not harmful and even has its advantages.

To one with a fair and open mind this question of the opium habit does not require an extended line of argument. The action of opium being known and admitted, it must be seen that its continued action on an individual will be harmful. Continued stimulation of the nervous system and checking of the secretions of the alimentary canal, in an individual not suffering from a disease requiring such treatment, cannot be considered as harmless—even on theoretical grounds.

But we have added to this the observation of the medical profession that it does work harm, and that a habit is formed that holds in its thrall victims by the thousands, who waste their property, squander their time and abilities in idleness, and bring sorrow and discomfort to many thousands more.

No doubt there are many people of wealth in China who have money enough to gratify the most ardent craving for opium without impoverishing their families and, living lives of idleness, their time and energies are of little account. The present method of conducting the government and business in China makes it possible for men high in office and positions of trust to indulge the habit, while in western countries such a man would be entirely incapacitated. Many of such people live to old age, but "the nervous system suffers, the mental powers become enfeebled, the moral faculties perverted, and there is inability to distinguish between truth and falsehood."

I have been engaged in the practice of medicine among the people of China during the past thirteen years and have seen evil, and nothing but evil, coming to this people and nation through the opium habit. It brings the most misery to the poorer classes. It is not uncommon for a laborer to spend from a third to two-thirds of his daily wage for opium. Can any one say that such a state of affairs is not particularly harmful? My nearest neighbor for some time was an opium smoking coolie. One by one he sold his three children to gratify his habit. At last he sold his wife, quit his desolate house of reeds, and wandered a vagabond and thief to prey on the body politic.

Go among the people and ask for their opinion of the habit and you will not only find a universal verdict of condemnation but you

will come back heartsick and discouraged by the ever repeated story of sorrow and wrong, fully persuaded that the opium habit is a monstrous evil, powerful in its harm to the individual and to the state.

Opium Smoking in China.

By C. R. Hager, M.D.

To the careful observer it is a very painful fact that the use of opium is on the increase, not only in China, but all over the world. One can not long be in the Orient without noting the sad havoc this habit is producing among the Chinese, and to those who would champion the use of the drug by the natives, or would look upon it as not one of the great evils of the Chinese Empire, it will be sufficient to say that the Chinese themselves class opium smoking with licentiousness, gambling and drunkenness. Judged then by the social and moral standard of the Chinese themselves this habit is regarded as a great evil. Very few of the confirmed opium smokers will defend their conduct. They know far too well that the use of the drug is a detriment to them, but the habit is so strong that they are unable to overcome it.

During a residence of sixteen years in China, both as an evangelistic and medical missionary, I am convinced of the truth of the following statements:—

- I.—The use of opium is detrimental to the physical constitution of the Chinese. It weakens the whole man physically and causes him to deteriorate in strength. This loss of physical power may not be apparent all at once, but little by little the sap of the physical energies are dried up until the victim becomes a mere skeleton—a physical wreck. It is possible for a man to avoid the extreme results herein mentioned, but only by a moderate use of the drug and with plenty of good food to sustain the body.
- II.—The use of opium is unfavorable to the full development of the intellectual powers, all these powers are stunted and dwarfed. The student who is a slave to the opium pipe rarely succeeds at the official examinations. All lofty intellectual ambitions can not thrive in a mind constantly beclouded with the fumes of opium. Opium is administered by the physician to relieve pain and to dull the sensitiveness of nerves, and there can be no strong physical, nor healthy intellectual life where there is a continual use of this baneful narcotic.

III.—Opium is further detrimental to the moral faculties, and here is where the greatest harm is done. It is a notable fact that the long and continued use of opium sears the conscience as with a red hot iron, so that the finest aspirations of the whole spiritual nature are blighted. How difficult it is to make a moral or religious impression upon a confirmed opium smoker. He may still speak of the moral precepts of the great Chinese sages, but when the duty of carrying them out is brought to his notice he will shrink back into his shell of moral imbecility and declare that he has not the power to overcome—nor indeed has he the physical energy, the mental vigor and the power of will to do as he preaches.

In brief it may be said that the moderate use of opium may in a few cases appear to be beneficial, in a few other cases it may seem to work no harm nor actually be a benefit, but in a vast majority of cases the use of this inspissated juice of the poppy works harm and only harm to the physical, mental and moral faculties of mankind, and there is only one safe position that either the medical practitioner or the evangelistic missionary can take on this question, and that is one of condemnation, and to labor for the emancipation of the Chinese from this octopus that has fastened its feet upon the vitals of China's national and social life.



Letter from Dr. Blanc, of Shanghai, to Rev. H. C. DuBose, D.D., President of the Anti-Opium League in China.

DEAR SIR:

In reply to your letter, which reached me yesterday afternoon, I am sorry to say that I consider myself unable to give a definite opinion on the effects of opium smoking in China. I mean a distinctly medical and scientific opinion, because I think, in an unprofessional way, that the Chinese would be far better without opium than when they use that drug. Now, like most of Shanghai doctors, I have not enough experience of native opium smokers to know exactly the direct effects of the drug taken in small, medium, or excessive quantities, for months or years. It seems to me that in many cases opium is harmful, less by itself, but through being a cause of expense. At the same time it makes the smoker lazy and unfit for work, and therefore

prevents him indirectly, through scarcity of cash, to take daily a sufficient amount of food. Such cases should be considered apart, as the harm is done indirectly, from those where opium and opium alone has ruined the health of a man. I am sure there are many cases of that kind, but I have not enough experience to speak authoritatively on such a subject—much better known by missionary doctors residing in the interior.

If I was in a position where I could pursue a full enquiry on this interesting question, I would therefore consider separately the rich opium smokers and the poor ones, because the first suffer from opium *alone*, while the second class suffers not only from opium-smoking but also from poverty and want of food—since all the money goes to the opium den. This is to a certain extent like gambling. Holding a few cards in the hand is not injurious in itself; but it has killed many people indirectly, because a gambler becomes sooner or later a destitute, and then may die of destitution.

Excuse this rather long letter from a professional who has no definite answer to give to your inquiry. I wanted simply to point out one of the many difficulties of the subject. In any case I wish the best success to the Anti-Opium League. The less opium smoked in China, the better of course for that country—provided alcohol does not come in and take the place of opium, because it might be still worse.

Yours very truly,

E. BLANC, M.D.



Opium in the Chinese Army.

DEAR DR. DUBOSE:

Perhaps you know that I have had a good little experience with the Chinese soldier and also with Chinese navy men. I shall therefore take the liberty to make a few statements as to the effects of opium on the character of men or rather soldiers.

If there are useless men upon this earth I would without hesitation say that the opium smokers are. In no stronger terms can I bring on paper how strongly I am against opium. A soldier that smokes opium is frightfully lazy, the biggest liar, and the greatest coward in the ranks. If such a fellow stands before me in the early morning

for duty, he looks a being that has lost all his wits in the sea; he is utterly incapable to comprehend anything, and his glaring eyes remind me of a fanatic—but he is not even that.

How there can be educated doctors in this world who recommend opium as a necessary article for a Chinaman to consume is beyond my little comprehension. I would like to draw the attention of such doctors to the people of Japan.

I had once an interpreter who had been educated in Hongkong. He had indeed a fine education—foreign as well as Chinese. I wanted this man on certain mornings when it was next to impossible to wake him up, and when we succeeded in getting him awake he was so useless that he not even could fire the opium in his beloved pipe. His servant had to do this for him and to assist him in holding the pipe steady for the first couple of draws. After a while he would regain more strength to handle the pipe then his speech would also return to him, and in about half an hour he would be ready to go with me. In the afternoon this same man would be your most intelligent hearer or spokesman—in short a fine fellow for general conversation.

I am certain that opium will ruin China if no proper steps are taken. What England gains by Indian Opium is lost by English markets. It is strange to me that the English do not notice this. All an opium smoker wants is opium—never mind clothes and other comforts; that all goes to the pawn shop for opium.

JOHN JÜRGENS,

Superintendent South Yangtze Forts.

The men of the New Army Corps were all picked young men from 20 to 25 years of age. Opium smokers were not permitted to join. Later on, several soldiers come to me asking me to cure them from opium smoking to which they had given themselves. They told me that they were unable to perform their work. When at drill and the crave for opium came upon them, and it was impossible to get a smoke, they became so weak that they fainted and dropped to the ground. As their comrades knew what was wrong with them they received no pity.

The rule is that if any soldier is found smoking opium he is at once dismissed from the service. It is well known to the Chinese military authorities that a soldier who smokes opium is quite useless as such. The Japanese apparently know it also very well, and besides

know the advance this vice had made amongst officers and men of the old Chinese Army.

Soldiers that entirely leave opium alone are by far the strongest men in the ranks. I also hear from the officials that they are the most diligent men and make the best advance in promotion.

I make use of opium as a medicine for certain diseases, but am quite certain that it is not required in China for smoking, to keep a man in health or otherwise to help him in his ability.

C. C. HWANG,
Surgeon New Drilled Army.

DEAR DR. PARK:

Mr. J. Jürgens requested me to write you a few lines of the experience of my practice among the soldiers in the forts of the Yangtze river who are addicted to the habit of smoking opium. I am glad to inform you that soldiers are prohibited from smoking opium in camp. This order is stringently observed, but when they are on liberty some of them would be tempted to indulge in a pipe or two. The first few pipes seem to act as a stimulant on their systems, and rouse their mental faculties, but the more they smoke the more drowsy and stupid they become, thus causing them to be unfit for drill the next day. They feign sickness, so as to be excused, but are always detected and punished. Opium smoking also affects the nerves of their eyes, causing them to aim the gun untrue; moreover it makes them feel lazy, and general weakness prevails, so they cannot stand up long enough to finish their gymnastic exercises. They also find it painful to throw out their chests, and have a shortness of breathing as well.

This pernicious drug is a curse to the people of China. It will always be a burden to the nation as long as the people are allowed to smoke it, and China cannot expect any prosperity until the opium is wiped out by law.

When a man has the opium habit he is then an abject slave to it, and committing self-murder by degrees. Suffice to say that the scientific testimony will be simply overwhelming, and the subject has been dealt with by more learned friends of the profession.

I take great pleasure to add my testimony. May God bless you in the noble work.

K. L. KWAN, L.M.S.H.,
Chief Surgeon Yangtze Forts,

Alcohol and Opium Compared.

By W. H. Park, M.D.

1. Of the millions of regular users of alcohol a lamentably large number become slaves to the alcohol habit.

2. Numbers of people boast of their "personal liberty" and claim that they can drink or not just as they choose. All moderate drinkers (people who never get drunk, and yet who take wine or beer daily with their meals and social glasses of something stronger as occasions arise) claim that they are not slaves to alcohol, that they are not weakened by it physically, and that its withdrawal entails no special inconvenience; and they would be highly insulted if any one should intimate that they are being thereby morally or socially degraded.

3. Nevertheless, every one nipping alcohol occasionally is in danger of forming the alcohol habit, and if one takes it daily for any length of time the danger is increased. The only safe rule is never to touch it. The slavish appetite is developed gradually in most cases, and, in strong willed people, its confirmation may be a matter of years.

4. People take to drink on account of trouble and sorrow, and sometimes for pain and disease, some claiming that it is prophylactic against certain diseases.

5. I had a class-mate who said his father told him he might take a little whiskey whenever he felt ill, and he had not experienced a well day since.

1. Of the million of regular users of opium *all* become slaves to the opium habit.

2. A few Chinese, who only smoke occasionally, in transacting business or on meeting a friend, claim that they can smoke or not just as they choose, but no one who smokes daily, be the amount ever so small, makes any such claim. When a man admits that he "smokes a pipe or two" he knows, and his friends know, that he is a confirmed opium smoker. He also knows that he is weakened physically and that he cannot give it up without inconvenience—nay, even suffering—and he is not insulted if you tell him he is being thereby morally and physically degraded.

3. Every one "hitting the pipe" occasionally is in danger of forming the opium habit, and if one smokes daily for any length of time the danger is not simply increased—it becomes absolute. The habit is certain and the confirmation thereof sure. The habit is formed quickly. Not one in a thousand, be the will ever so strong, can smoke opium daily for a year (I might almost say for three months) without forming the opium habit.

4 and 5. People take opium on account of trouble and sorrow, and as for pain and disease it is the greatest earthly soother. That opium will relieve pain and may be prophylactic against certain diseases is no argument in favor of allowing its unrestricted sale among any people. On the contrary, the opium habit being so much worse than the diseases it may alleviate or prevent, this is the

6. A sailor once told me how he alone of a whole ship's company escaped yellow fever in a certain South American city by lying ashore "dead drunk" the whole time the ship was in port.

7. The claim is constantly made that a moderate amount of alcohol consumed daily can be reckoned as food and that it is only excess that is injurious. Some recent French authorities have set one litre of wine per day as the maximum amount a healthy man can imbibe without injury.

8. "All excess is injurious. North-pole voyages, military expeditions (experiences in India and the Ashantee march), and the diminished power of resistance to the cold shown by drunkards, have conclusively demonstrated that alcohol does not supply the place of other foods; and that those habituated to its use, damaged as they are in their vital organs, do not possess the same endurance of fatigue and the same power of resistance to external morbid influences as do the healthy. Furthermore, clinical experience has amply proved that topers do not bear chloroform well, that they succumb more quickly to injuries and surgical operations, and that they possess much less power of resistance than the temperate to the inroads of acute disease."--Bartholow.

strongest possible argument in favor of its restriction. If it permanently cured all pain and prevented all disease *all* would be tempted to take to it and the human race would be in danger of extermination.

6. How would one's parents and friends at home feel if he should write that he had rendered himself proof against all the deadly diseases of the East by becoming an opium smoker!

7. Opium can never be reckoned as a food. It is true that the opium smoker eats less, but this is because his secretions are diminished so that he becomes constipated, and as it were uses his food over and over again. Ugh! It makes me sick to think about it. No wonder he suffers from auto-toxæmia, and becomes yellow, weak and emaciated. The amount of opium a healthy person can consume daily without injury is absolutely *nil*. There is no room for the comparative degree in opium smoking. *Any* amount is already too much.

8. All opium smoking is injurious. An opium smoking soldier is not worth the powder and lead it would take to kill him. The weakness and the diminished power of endurance shown by opium smokers have conclusively demonstrated that opium does not supply the place of the food it supplants; and that those habituated to its use, damaged as they are in every fibre, do not possess the same endurance of fatigue and the same power of resistance to external morbid influences as do the healthy. Furthermore, clinical experience has amply proved that opium smokers do not bear chloroform well, that they succumb more quickly to injuries and surgical operations, and that they possess much less power of resistance than non-smokers to the inroads of acute diseases.

9. That the drunkard wastes his time is no small indictment against the alcohol habit.

10. In this country if a drinker falls ill, as a rule, he stops his allowance, and if the disease proves a chronic one, he never goes back to it.

11. A physician can direct his patient to abstain from drink with a fair prospect of being obeyed.

12. Persons who give way to drink, and become inebriates, are in these days regarded by some as moral imbeciles who if they did not drink would take up some other vice just as bad or perhaps worse. Banish the saloon, however, and in my opinion the majority of them would become respectable citizens.

13. We look down on saloons and underground places where liquor is sold and gambling allowed, and often refer to them as "hells."

14. In most drunkards there still seems to be some spark of manhood left, still something to which we can appeal, still some hope of reformation.

15. Alcohol is not often used for suicidal purposes.

9. Many rich Chinese smoke all night and sleep nearly all day. Artisans, coolies, etc., waste from one to four hours at the pipe, and this waste occurs not once or twice a week but *every day in the year* without curtailment and without fail.

10. If a smoker gets ill, except in some acute violent sickness such as pneumonia, he smokes more and more, and the more chronic the disease the more firmly established the habit.

11. A physician directing an opium smoker to stop smoking is only wasting his breath—he might as well talk to the winds.

12. In this country nearly all moral imbeciles are opium smokers, but it by no means follows that all opium smokers are moral imbeciles. Without opium in China 80 % of the present smokers would, in all probability, be respectable citizens

13. A friend of mine once asked a beggar, who slept next door to an opium den, where he lived, and he replied "Next door to hell."

14. In the opium smoker there does not seem to be one spark of manhood left, nothing to which we can appeal. In pleading with him we feel utterly helpless and hopeless. It is well for Job's reputation that he never had to deal with opium smokers.

15. Opium is the handiest of all suicidal agents. Mr. Bourne, acting chief justice of Shanghai, says, in speaking of Yunnan:—"Another bad result of the opium being so ready at hand is the frequency of suicides, especially among women. We heard of a case in which a mother and daughter-in-law both

16. The drunkard neglects wife and children, pawns their clothes for drink, beats, and on occasion murders them.

17. The drunkard is aggressive, quarrelsome and ready to fight.

18. The drunkard becomes befuddled and loses all the money he has on his person, or grows generous and gives it away, or wastes his substance in riotous living.

19. Alcoholism tends to beggary, and nearly all beggars, thieves and tramps are given to drink.

20. Alcohol has been used all over China from time immemorial and yet drunkards are comparatively rare.

took opium and died, because of a quarrel over the breaking of a tea cup."

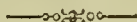
16. The opium smoker neglects wife and children, pawns their clothes for opium, drives them to commit suicide and on occasion sells them, it may be, into something worse than slavery.

17. If the smoker can get his allowance he is quiet and retiring, but an opium-smoking chair coolie or boatman will out-quarrel creation to get the wherewithal to fill his pipe, and no greater sharks disgrace the earth than the yamên runners of China, who are all the time "raising the autumn wind" to get the money buy opium.

18. The smoker keeps a clear head in regard to money matters, and except for wasting it for opium he is often more careful in spending it than non-smokers. Rich, stingy fathers, whose sons are spending money fast and furious with wine and women, sometimes hire parasites to lead them into opium smoking with a hope to saving money.

19. Opium smoking tends to beggary, and in China nearly all beggars, thieves and sharpers are given to opium.

20. Opium has been used all over China for only about sixty years and yet, according to the *Encyclopædia Britannica*, one-fourth to three-tenths of the people are already opium smokers.



Opium Eating and Opium Smoking Compared.

By W. H. Park, M.D.

There is nothing specially mysterious and hard to understand about opium smoking and its effects on the human system. Inhalation is recognized in works on materia medica and therapeutics as one of the methods of introducing drugs into the system, and opium

smoking is only a form of opium inhalation. The debauchee does not remove the pipe from the lips while the pipeful is burning, but keeps up a succession of short inhalations while the smoke is exhaled in streams through the nose. Opium taken in this way cannot be introduced so rapidly as by the mouth, but otherwise its effects are much the same, as the following table of comparison will show:—

OPIMUM EATING.

- A. Relieves pain.
- B. Contracts the pupil.
- C. Causes slow respiration.
- D. Diminishes all the secretions except that of the skin.
- E. The rule is that the desire for food is lessened.
- F. Checks secretion and peristaltic movement of the intestines, causing constipation.

G. It not unfrequently happens that the constipation is succeeded by relaxation of the bowels causing copious diarrhœa.

OPIMUM SMOKING.

- A. Relieves pain.
- B. Contracts the pupil.
- C. Causes slow respiration.
- D. Diminishes all the secretions except that of the skin.
- E. The rule is that the desire for food is lessened.

F. Constipation is the rule among opium smokers. An opium smoking patient when questioned about his bowels will generally say "smoke opium"—leaving you to infer, as a matter of course, that he is constipated. They commonly go to stool once in three or four days, but many go once only in ten or fifteen days, and some are occasionally locked up for even forty or fifty days. Just imagine what must be the condition of a person who goes to stool only twenty or thirty times a year! Such fellows live in constant dread of the next defecation, and they often compare it to a woman in travail. The Chinese tell me of one rich young man who had to take one hundred dollar's worth of ginseng every time the operation drew near, else he would not have the strength to go through the ordeal.

G. Relaxation diarrhœa, following opium constipation, is well known in China under the name of 煙瀉 "opium diarrhœa," and is dreaded by all old opium smokers; and no wonder, for it is said to be fatal in

H. "The habitual use of opium diminishes in a remarkable degree the susceptibility to its action. Numerous instances are on record in which a pint or more of laudanum has been taken daily, or several hundred grains of opium, or a scruple of morphine. The author has met with a patient who took a scruple of morphine a day, subcutaneously."—Bartholow.

I. "When opium is given by the stomach, for the relief of a chronic painful disease, to maintain a constant effect increasing doses are necessary."—Bartholow.

J. When opium is taken regularly for a length of time the opium habit is formed, so our medical authorities constantly warn us to be careful in the exhibition of this enticing drug. Dr. Page, in his Practice of Medicine, says:—"Regarding this potent drug no doubt it has to be used sometimes to prevent suffering, but the physician should remember that neuralgia has been the starting point of ruin for many unfortunate victims of the opium habit. If used at all, let enough be given at once, hypodermically, by the physician himself, to be repeated only by him in person if it be absolutely necessary. But the leaving of the syringe with the patient, or friends, or the leaving of morphine powders and mixtures to be taken *ad libitum*, is bad

90 % of all cases. Chinese doctors are always on guard against giving cathartics to opium smokers for fear they may set up this disease.

H. When the opium smoking habit is formed, susceptibility to the action of opium is remarkably diminished. One of the Taiping Chiefs is said to have smoked two Chinese ounces (one thousand one hundred and sixty-six grains) of opium a day. I know personally a young man who smokes eight hundred and seventy-five grains of opium a day.

I. When opium is smoked, for the relief of a chronic painful disease, to maintain a constant effect increasing doses are necessary, but, as in smoking the opium enters the system slowly, the time soon comes when it does no good; hence all authorities agree that the relief in chronic painful diseases is only temporary. The patients themselves say 初服甚靈上癮不驗 "in the beginning exceedingly efficacious, but not efficient after the habit is formed."

J. When opium smoking is indulged in for a length of time the opium habit is formed; and half, or more, of the millions of opium smokers in China contract the fearful habit from smoking for the relief of some bodily ailment. Doctors here cannot be blamed if their patients contract the opium habit, for the Chinese government has agreed by treaty to allow the unrestricted sale of opium in every city, village and hamlet in this empire, and a patient is just as free to buy it himself, or to send his servant or even child, to buy it, as he is to buy bread in England or America. Some years ago a high official closed nearly every opium den in Soochow, but he did not dare molest the shops where opium is sold.

practice, and is utterly reprehensible. The opium habit is too serious a matter to be treated lightly; and too much care and trouble cannot be taken to avoid fastening such a misfortune on any human being Finally, in the majority of cases the neuralgia ends, like gonorrhœa or everything else that is earthly, as Dr. Van Buren states in his book on venereal diseases. Fortunate the woman, or even man, who has not meantime been unknowingly made the victim of the opium habit by a physician, so called."

K. "By degrees, as the habit of opium eating becomes more and more confirmed, the drug loses its stimulating effects on the system, and the beatific intoxication so eagerly yearned for by its devotees is no longer produced. The dose is gradually increased, but even this, the last resource of the unfortunate victim of a baneful habit, in time proves unavailing, and an indescribable agony, both mental and corporal, is the penalty paid."

L. The opium eater cannot do without his favorite drug. Opium he must and will have, and there is scarcely any limit to the lengths he will go to obtain it. All considerations of property-rights, friendship, and family ties, vanish before the all-consuming desire for the drug that enslaves him.

K. By degrees, as the habit of opium smoking becomes more and more confirmed, the drug loses its stimulating effect on the system, the amount is gradually increased and the victim becomes weaker, unreliable, and in most cases utterly worthless. I once saw an opium smoker calmly lie down and light his pipe for a smoke while his wife, in the same room, was dying from ashes taken, for the purpose of committing suicide, from the very pipe he was suoking.

L. The opium smoker must have his opium. If worst comes to worst, he will dispose of lands and houses, sell wife* and children, and even his mother's coffin as I knew one man to do,† pawn his clothes, and those of his parents, go half fed, cheat, beg and steal, but opium he must and will have. As soon as

* While I am penning these lines (December 10th, 1898), the crying of a wife who has been sold by an opium-smoking husband can be heard on the street in front of our house. He is one of our nearest neighbors and I have known the wife ever since I came to China, when she was a pretty, young girl. When he first began smoking, his mother, who was a widow and had some property and was also a teacher of embroidery in our mission, seeing no hope in life took *opium* and killed herself. He then sold off the houses one by one, then the furniture in the house, then his wife's clothes, then his grandmother's grave clothes she had prepared against her burial, then his own clothes, and now he has sold his wife. The two children born to him have fortunately died—else he would sell them next. This is not an isolated case, but can be duplicated in nearly every street in every city and town of this vast empire.

† In China people often have their coffins made years before death and store them in their houses against the time of need. Nothing scarcely could be more unfilial than for a son to sell the coffin a mother had thus prepared for herself, but with opium-smoking sous it is a common occurrence.

M. "When the baneful habit of opium eating has been confirmed, it is with extreme difficulty that it is shaken off. The agony of the opium eater when deprived of his drug is as horrible as his happiness is complete when he has taken his accustomed stimulant. On the one hand, he suffers the torments of hell; on the other, the bliss of paradise." *Family Physician*.

the word is passed that a man has become an opium smoker, his friends at once assume an attitude of carefulness in dealing with him, and are by no means as ready to lend him money as they were before.

M. The following lines were scribbled by an inmate on the walls of the opium refuge connected with the Soochow Hospital.

戒	吃
去	煙
閻	西
王	天
眼	佛
前	國

"While smoking opium we are transported to paradise; While breaking the opium habit we are tortured in hell."

From the above it may be seen that opium smoking has much the same effect on the Asiatic that opium eating has on the European; neither does Dr. Page say keep opium from your poor patients, but let your rich have it *ad libitum*. The claim that opium has one law of action for the European and another for the Asiatic, and that it injures the poor but will not hurt the rich, will not bear investigation. Opium is no respecter of persons. It enslaves everyone who comes under its influence be he Englishman or Chinaman, black or white, old or young, rich or poor, bond or free; whether he swallows it, or smokes it, or injects it hypodermically; and an overdose of it will kill the prince as well as the pauper

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The Anti-Opium League in China.

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CONSTITUTION.

1. The name of this Society shall be "The Anti-Opium League in China."

2. The objects of this League are:
 (a) to collect information about opium-smoking and the growth of the poppy in China; (b) to awaken the people of Christian countries to the effects of the drug on those who use it; (c) to diffuse healthful literature bearing on this subject; (d) to co-operate with the societies for the suppression of the opium trade; (e) to organize societies among the Chinese pledged to abstain from opium-smoking, composed either of Chinese, or of Chinese and foreigners; (f) to appoint, if possible, intelligent and trustworthy native Christians to bring the evil of opium-smoking before their countrymen and to secure funds from the Chinese to meet the necessary expenses.

3. The officers of this League are: a President, not less than fourteen Vice-Presidents chosen from important centres, a Secretary and a Treasurer.

4. There shall be an Executive Committee of seven members, two of whom shall be the Secretary and the Treasurer. Four of the Execu-

tive Committee shall be residents of one place. [The President and Vice-Presidents are eligible to membership on the Executive Committee].

5. There shall be Local Committees or Branch Leagues in every city where there are foreign residents interested in this cause.

(a). That the membership of the League shall consist of all members of local societies and such others as are willing to co-operate in the work of the Society.

(b). There shall be an annual business meeting of the Anti-Opium League in China, composed of the Executive Committee and officers of the League and duly qualified representatives of local societies; no society to be represented by more than four persons.

6. The Vice-Presidents shall appoint Provincial Executive Committees, who shall have charge of the work in their respective districts.

7. At the annual meeting, time and place of which shall be decided by the Executive Committee, the work of the year shall be reported, officers elected for the ensuing year, and other business connected with the League transacted

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片煙之流毒七也

經理除煙會之事有會正一人副會正十四人記史司賬各一人

總辦有七人除記史與司賬外另派五人蓋七人中須有四人住於一處以便商

酌

凡副會正可設幫辦數人管本省除煙會之事

在十八省各城各鎮可設除煙支會蓋凡支會中者即中西除煙會之會友

每年中西除煙會宜聚會一次其地其日依總辦所定凡經理衆會者與每支會

所設之四人共辦一切之事

中西除煙支會規條

經理除煙支會之事有會正副會正記史司賬各一人總辦五人准於每年正月

選舉

此會四季聚會

凡欲入會者必須會衆應允給以執照登名於冊方為會友

凡入會者當竭力襄助洗除吸煙諸害與廣發本會善書每年西友助洋壹元中

友助洋壹角

每年四月間除煙支會在各城各鎮宜邀衆齊集一處請數人善言勸導

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Author

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